

No. 300
10.48

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24232

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-MERAMEC</u>	c. LENGTH OF STAY (in this place) <u>26 DAYS</u>	c. CITY OR TOWN <u>CRETE COEUR, MO.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HILL INF.</u>		e. STREET ADDRESS (If rural, give location) <u>23 DERKER VILLARS</u>	

3. NAME OF DECEASED (Type or Print) <u>AGUSTINS DOUGE VILLARS</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>7-26-56</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 8-1864</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>18</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LEAD MINES</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FREDERICKTOWN, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>DR. I. L. VILLARS</u>	13b. MOTHER'S MAIDEN NAME <u>J. L. GREGORY</u>	14. NAME OF HUSBAND OR WIFE <u>NOT KNOWN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Joseph H. H. H.</u>	ADDRESS <u>Boonville, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIA INSUFFICIENCY</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>VIRAL INFECTION</u> DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>422f</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7/1, 1956, to 7-26, 1956, that I last saw the deceased alive on 7/26, 1956, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J.S. Mander MD.</u>	(Degree or title)	23b. ADDRESS <u>4333 Roland Blvd.</u>	23c. DATE SIGNED <u>7/25/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7/27/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Fredricktown Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-2-1956</u>	REGISTRAR'S SIGNATURE <u>Guth J. J. J.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne Tom Home</u>	ADDRESS <u>Fredricktown Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

438

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 8 1956

AUG 28 9 00 AM '56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Clara P. Cadwell*

Licensed Embalmer No. *407*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.