

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Dr. Murphy
FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34800

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 385

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1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Marion</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>MARION</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RIVER FRONT</u>		Length of stay in 1b		c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>ROBERT</u>		Middle <u>L.</u>		Last <u>Willis</u>		Month <u>10</u> Day <u>25</u> Year <u>56</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>6-11-1898</u>	
9. AGE (In years last birthday) <u>58</u>		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Troy, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ENGINEER RETIRED</u>				13. FATHER'S NAME <u>Luther Willis</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO.		17. INFORMANT <u>DelFord Willis, 1606 Fulton, Hannibal Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chr. Myocarditis with decompensation</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Dec. 1949</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>Oct. 1949</u> to <u>June 28, 1956</u> and last saw <u>her</u> alive on <u>6/28/56</u> Death occurred at <u>5:50</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>D. L. Murphy</u> (Degree or title) <u>M. D.</u>				22b. ADDRESS <u>Hannibal, Missouri</u>		22c. DATE SIGNED <u>11/2/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>10-27-56</u>		<u>GRAND VIEW BURIAL PARK</u>		<u>Hannibal Mo</u>	
24. FUNERAL DIRECTOR <u>W. M. Edmonnell</u> ADDRESS <u>Hannibal Mo</u>			25. DATE RECD. BY LOCAL REG. <u>11-2-56</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Luck by W. C. Fisher</u>		

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

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RECEIVED NOV 9 1956
MARION CO. HEALTH DEPT.
DATE FILED NOV 9 1956

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 *JM. O'Donnell*

Licensed Embalmer No. *38*

P. O. Address *Lanuka*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.