

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7856

FILED APR 8 - 1957

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fulton</b>		c. CITY OR TOWN <b>Fulton</b> <u>01430</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home 315 Nichols</b>		d. STREET ADDRESS <b>315 Nichols</b> (If outside, give location)	
Length of stay in 1b <b>3 Yrs.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Henry Francis Willing</b>			4. DATE OF DEATH <b>April 4 1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April-11-1873</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>23</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Near Fulton, Mo.</b>	
13. FATHER'S NAME <b>William A. Willing</b>			14. MOTHER'S MAIDEN NAME <b>Mary Frances Hall</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs. Walter Willing Fulton, Mo.</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ac. coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>arteriosclerosis</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) <b>4201</b>		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 _____ Year _____ 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 <b>10/11/55</b> to <b>4/4/57</b> and last saw <del>him</del> <b>her</b> alive on <b>2/18/57</b> Death occurred at <b>about 11:30 A. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Henry D. Smith, M.D.</b> (Degree or title)	22b. ADDRESS <b>Fulton, Mo.</b>	22c. DATE SIGNED <b>4/5/57</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Apr 7 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Callaway Memorial Garden</b>	23d. LOCATION (City, town, or county) (State) <b>Fulton Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>Hallace Funeral Home, Fulton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>April-5-1957</b>	26. REGISTRAR'S SIGNATURE <b>Martha Lawrence</b>	

(Licensed Embalmer's Statement on Reverse Side)

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-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 10 1957

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 *Denzil C. Brown*

Licensed Embalmer No. *27*

P. O. Address *Fulton*

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.