

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 7 - 1957

12356  
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 114

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 <b>FULTON</b> TOWN		c. CITY OR TOWN <b>FULTON</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>STATE HOSPITAL #1</b>		d. STREET ADDRESS (If outside, give location) <b>517 GRAND</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b <b>93 DAYS</b>			
3. NAME OF DECEASED (Type or print) First <b>Thomas</b> Middle <b>Willet</b> Last <b>Willet</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>1</b> Year <b>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>11-18-1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLAY MINER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MINING</b>	11. BIRTHPLACE (City and state or country) <b>CALLAWAY COUNTY Mo.</b>
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>MRS TOM WILLETT</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>STATE HOSPITAL #1, FULTON, MISSOURI</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>MYOCARDIAL INFARCTION</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>			
DUE TO (c) <b>GENERAL ARTERIOSCLEROSIS</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>DIABETES MELLITUS</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 _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORKING <input type="checkbox"/> <b>STATE HOSPITAL #1</b>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>1-28-57</b>	
20f. CITY, TOWN, OR LOCATION <b>FULTON</b>		COUNTY <b>CALLAWAY</b> STATE <b>MISSOURI</b>	
21. X attended the deceased from <b>1-28-57</b> to <b>5-1-57</b> Death occurred at <b>8:00 PM 5/1/57</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. G. Freund, M.D.</b>		22b. ADDRESS <b>STATE HOSP. #1, FULTON, MO.</b>	
22c. DATE SIGNED <b>5-1-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		23b. DATE <b>May 3-1957</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 <b>Marjorie Lawrence</b>		25. DATE RECD. BY LOCAL REG. <b>May-4-1957</b>	
ADDRESS <b>Fulton Mo</b>		26. REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

4260

MAY 20 1957

MAY 28 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 *[Signature]* .....

Licensed Embalmer No. *2555*  
P. O. Address *Hutton, Mo*

-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.