

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15997**

FILED APR 25 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **370** PRIMARY REG. DIST. NO. **6251** Registrar's No. **CG**

1. PLACE OF DEATH a. COUNTY <b>Wayne</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Wayne</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural - Lost Creek</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Rural.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) <b>Wappapello Mo 1100</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Katie</b>	b. (Middle) <b>Bell.</b>	c. (Last) <b>Wills</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 27 1957</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan 8, 1893</b>	9. AGE (in years last birthday) <b>64</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Wayne Co Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>James Morgan</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Sylcut</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Wills</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Henry Wills</b> ADDRESS <b>Wappapello Mo</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma of lungs</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
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 <b>165 X</b>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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?

22. I hereby certify that I attended the deceased from **5-17, 1954**, to **3-27, 1957**, that I last saw the deceased alive on **2-26, 1957**, and that death occurred at **11:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. H. Killip</b> (Degree or title) <b>DO</b>	23b. ADDRESS <b>Puxico Mo</b>	23c. DATE SIGNED <b>3/20/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-29-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Womack</b>	24d. LOCATION (City, town, or county) (State) <b>Wayne Co Mo</b>
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DATE REC'D BY LOCAL REG <b>April 4-57</b>	REGISTRAR'S SIGNATURE <b>Hretlow m. Ward</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Floyd Morgan</b> ADDRESS <b>Puxico mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

495

APR 25 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 *Wm H Morgan*

Licensed Embalmer No. *4640*

P. O. Address *Advance m*

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.