

THE DIVISION OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25331**

FILED JUL 19 1957

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>3041</u>		Registrar's No. <u>103</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Macon</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>06110</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) _____		c. (Last) <u>Will</u>		4. DATE OF DEATH (Month) <u>7</u> (Day) <u>9</u> (Year) <u>57</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-23-73</u>	
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work or usual source of working, even if retired) <u>Retired Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New Castle England</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. KIND OF BUSINESS OR INDUSTRY _____		13a. FATHER'S NAME <u>John Will</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Shipman</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Belle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret McDaniel</u> ADDRESS <u>Macon Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> 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. INTERVAL BETWEEN ONSET AND DEATH <u>Fast</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>4201</u> YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) _____ (Min) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lester Lutton</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Macon Mo</u>		23c. DATE SIGNED <u>July 11, 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>7-11-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Parkview Cem</u>		24d. LOCATION (City, town, or county) <u>Paris Mo</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>7/12/57</u>		REGISTRAR'S SIGNATURE <u>W. H. McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Edwards</u> ADDRESS <u>Paris Mo</u>			

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

10803

7/18/57

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 *H. E. Edwards*

Licensed Embalmer No. *196*

P. O. Address *Bevin*

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.