

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26712

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6600**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE Missouri b. COUNTY <input checked="" type="checkbox"/>										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 Enroute City Hospital			Length of stay in 1b 225		d. STREET ADDRESS 1440 N. Broadway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Arthur Middle Wallace Last Willson				4. DATE OF DEATH Month July Day 12 Year 1957										
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 13, 1894		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Month 7 Day 12 Hours 12 Min. 00				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner & Operator			10b. KIND OF BUSINESS OR INDUSTRY Tavern		11. BIRTHPLACE (City and state or country) Moro, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.							
13. FATHER'S NAME Lafayette A. Willson					14. MOTHER'S MAIDEN NAME Nina Dozier									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. ---		17. INFORMANT Address Adrian B. Willson, 279 Clinton Heights									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Coronary thrombosis 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) Columbus, Ohio.										INTERVAL BETWEEN ONSET AND DEATH Uncertain				
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 1937 to July 12-57 and last saw her alive on July 12-57 . Death occurred at 7:15 pm m on the date stated above; and to the best of my knowledge from the causes stated														
22a. SIGNATURE Paul H. Chapman (Degree or title) M.D.						22b. ADDRESS 3518 Dodier			22c. DATE SIGNED 7/15-57					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE 7-14-57		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery			23d. LOCATION (City, town, or county) Moro, Arkansas			(State)			
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.					25. DATE RECD. BY LOCAL REG. JUL 15 '57			26. REGISTRAR'S SIGNATURE J. Carl Smith						

(Licensed Embalmer's Statement on Reverse Side)

Health,
& Welfare
Public
ServiceS. 300
7. 1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Melvin L. Kemper*

Licensed Embalmer No. *403*

P. O. Address *3505 De*

St Louis 20 Mo

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