

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1957

30657

STATE FILE NUMBER

Registration District No. 374

Primary Registration District No. 4648

Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Worth County Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Worth Missouri		Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Worth Missouri		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West part of Worth				Length of stay in lb 12 years		d. STREET ADDRESS none	
3. NAME OF DECEASED (Type or print) First Samual Middle Alonzo Last Willson				4. DATE OF DEATH Month August Day 22 Year 1957			
5. SEX male		6. COLOR OR RACE white		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH May-30-1880	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 2 Days 22 Hours Min. 		IF UNDER 24 HRS. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming (retired)				10b. KIND OF BUSINESS OR INDUSTRY Farming (retired)		11. BIRTHPLACE (City and state or country) Worth County	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME Samual Willson				14. MOTHER'S MAIDEN NAME Mary Ellen Spoonmore			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Burl Willson Grant City Missouri			
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 Occlusion DUE TO (b) Arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201							INTERVAL BETWEEN ONSET AND DEATH
19a. ACCIDENT ☐		SUICIDE ☐		HOMICIDE ☐		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 	
20a. TIME OF INJURY Hour Month Day Year a. m. p. m. 							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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 Aug 18 to Aug 22-57 and last saw him alive on Aug 21-57 Death occurred at 3:20 PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) B. G. Gortens D.O.				22b. ADDRESS Marquette Mo		22c. DATE SIGNED 8-28-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 25-1957		23c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery		23d. LOCATION (City, town, or county) Grant City Mo	
24. FUNERAL DIRECTOR John Andrews		ADDRESS Grant City Mo		25. DATE RECD. BY LOCAL REG. Sept 7 1957		26. REGISTRAR'S SIGNATURE Keta E. Dawson	

(Licensed Embalmer's Statement on Reverse Side)

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 John Andrews, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 42

P. O. Address Grant Co

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.