

Health, Welfare, Public Service

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state (See instructions) - Coroners cannot certify to a death due to natural causes. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. 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

FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004905

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Jefferson City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary Hospital</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>605 R.W. Water</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Leo Willmoro</u>			4. DATE OF DEATH <u>Feb 4, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 28, 1902</u>	9. AGE (In years last birthday) <u>55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Jefferson City Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Ernie Willmoro</u>		14. MOTHER'S MAIDEN NAME <u>Louise Keedner</u>		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>Regulation</u>	16. SOCIAL SECURITY NO. <u>490-09-4866</u>	17. INFORMANT <u>Mr William McElhin</u> Address <u>J.C. Red</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ruptured abdominal aorta</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>arterio sclerosis</u>	
	DUE TO (c) <u>451X</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Diabetes Mellitus, Arteriosclerosis</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <u> </u> Month, Day, Year <u> </u>	

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
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21. I attended the deceased from 1-15-58 to 2-4-58 and last saw him alive on 2-4-58
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J.B. Bruce MD</u> (Degree or title)	22b. ADDRESS <u>234 Madison</u>	22c. DATE SIGNED <u>2-8-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/7/58</u>	23c. NAME OF CEMETERY OR PLACE OF BURIAL <u>National</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo</u>
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24. FUNERAL DIRECTOR <u>Soprata - Sull</u> ADDRESS <u>J.C. Red</u>	25. DATE RECD. BY LOCAL REG. <u>10 February 1958</u>	26. REGISTRAR'S SIGNATURE <u>R. P. Morris, MD MR.</u>
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(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1958

APR 3 1958

8 1958

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.....

Sylvester D. Dineen

Licensed Embalmer No. 43

P. O. Address *Jeffersonville*

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.