

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-184037
STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 9

5. 300
1-57

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Howell Township		c. CITY OR TOWN Howell Twp. West Plains,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION res J.D.S. Willard		d. STREET ADDRESS (If outside, give location) Pottersville Rt.	
3. NAME OF DECEASED (Type or print) First SQUIRE Middle (none) Last WILLARD		4. DATE OF DEATH Month Apr. Day 23, Year 1958	
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 Feb. 1, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bap. Minister		10b. KIND OF BUSINESS OR INDUSTRY retired	9. AGE (In years last birthday) 91
11. BIRTHPLACE (City and state or country) Oregon County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Willard		13b. MOTHER'S MAIDEN NAME Sarah Jane Colliot	14. NAME OF HUSBAND OR WIFE Rosa Williams Willard
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address J.D.S. Willard, Lebo Rt., W.Plains, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock and filling of lungs			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) bruises and bronchial infection			
DUE TO (c) suffered in fall at home two weeks prior to death.			9040
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) about home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Howell Twp., Howell, Missouri	
21. I attended the deceased from _____, to _____ and last saw ^{her} him alive on _____ Death occurred at 10:50p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Beatrice Cook</i> Registrar		22b. ADDRESS West Plains, Mo.	
22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 27, 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	23d. LOCATION (City, town, or county) (State) West Plains, Mo.
24. FUNERAL DIRECTOR ADDRESS <i>Hal Shoumough</i>		25. DATE RECD. BY LOCAL REG. 4-28-58	26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>

MAY 13 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 Hal Fleckenberg

Licensed Embalmer No. 3408 P. O. Address W. Plains, Mo.

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.