58-024850

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED JUL 16 1958 Registration District No. 53 Primary Registration District No. 3009 Registrar's No. 389

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Jackson — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Deal Nursing Home — Length of stay in 1b 6 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cape Girardeau
c. CITY OR TOWN Daisy 0160 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) none — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Middle Last: ROBERT ALEXANDER WILLS

4. DATE OF DEATH Month Day Year: July 2, 1958

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: Sept 15, 1868
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Stockbuyer
11. BIRTHPLACE (City and state or country): Daisy Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Peter Wills
13b. MOTHER'S MAIDEN NAME: Mary Hinkle
14. NAME OF HUSBAND OR WIFE: Mary Limbaugh Wills

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO.
17. INFORMANT: Pink Wills — Address: Jackson 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) Cerebral Hemorrhage (Left).
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (1 Cerebral Arteriosclerosis
DUE TO (c) (2 Uremia (intoxication)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
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 4-3-58, to _____ and last saw ~~her~~ him alive on July 1st 1958
Death occurred at 2:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Albert M Estes M.P.
22b. ADDRESS: 714 Broadway Cape Gir, Mo.
22c. DATE SIGNED: 7-9-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 4, 1958
23c. NAME OF CEMETERY OR CREMATORY: New Salem
23d. LOCATION (City, town, or county) (State): Daisy Mo

24. FUNERAL DIRECTOR: [illegible] Miller — ADDRESS: Jackson Mo
25. DATE RECD. BY LOCAL REG.: July 10 1958
26. REGISTRAR'S SIGNATURE: Mrs. Homer E. Cooper

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Gene C Crawford

Licensed Embalmer No. 4327

P. O. Address Jackson Me.

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.