. Health,
& Welfare
. Public
h Service
80
S. 300
1-57

Fair Walker

FILED SEP 2 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031443
STATE FILE NUMBER

Registration District No. 325 Primary Registration District No. 6096 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY Schuyler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Glenwood — Inside Limits Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY Schuyler
c. CITY OR TOWN Glenwood — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: Lura Middle: Last: Willis

4. DATE OF DEATH Month: Aug Day: 16 Year: 58

5. SEX F **6. COLOR OR RACE** W **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☑ **DIVORCED** ☐

8. DATE OF BIRTH Aug 27-1870

9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR: Months 11 Days 19 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Greentop MO
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Arthur Buchanan
13b. MOTHER'S MAIDEN NAME Susan
14. NAME OF HUSBAND OR WIFE Chas Willis

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 Crockett Berry Address Glenwood MO

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral hemorrhage.	5 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis.	10 years.
DUE TO (c)	331X	

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

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 11/12/48, to 8/16/58 and last saw her/him alive on 8/16/58
Death occurred at 12:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. E. Gelfillan (Degree or title) MD
22b. ADDRESS Memphis, Mo.
22c. DATE SIGNED 8/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 18-58
23c. NAME OF CEMETERY OR CREMATORY Angie
23d. LOCATION (City, town, or county) Lancaster (State) MO

24. FUNERAL DIRECTOR O O Fenton **ADDRESS** Lancaster MO
25. DATE RECD. BY LOCAL REG. 8-29-58
26. REGISTRAR'S SIGNATURE Ross A. J. Drake

(Licensed Embalmer's Statement on Reverse Side)

SEP 13 1961

US JAN 18 1960

US NOV 10 1959

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 P. O. Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster

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.