

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004163
STATE FILE NUMBER

FILED JAN 14 1959 Registration District No. 338 Primary Registration District No. 4501 Registrar's No. 1

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bloomfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bloomfield ^{10 30} _c
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Length of stay in 1b Yrs. _____	d. STREET ADDRESS (If outside, give location) -----
3. NAME OF DECEASED (Type or print) First Middle Last NANCY ISABELLE WILLIS			4. DATE OF DEATH Month Day Year Jan. 1-1959
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 9-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days 5 22 IF UNDER 24 HRS. Hours Min.
11a. FATHER'S NAME Wm. Eaton		11b. MOTHER'S MAIDEN NAME Eady Reed	11c. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Wm. Willis, Dexter, 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) Coronary thrombosis (occluded) DUE TO (b) Atherosclerotic heart disease DUE TO (c) Hypertension (Probable Co. bladder)			INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 42014			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT <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.)	
21. I attended the deceased from 6-18-56 to 12-23-58 and last saw her alive on 12-23-58 Death occurred at 10:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Stephen Paul M.D.		22b. ADDRESS Bloomfield, Mo	22c. DATE SIGNED 1-9-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 4-59	23c. NAME OF CEMETERY OR CREMATORY Walker cemetery
24. FUNERAL DIRECTOR CHILES UND.CO. BLOOMFIELD, MO.		23d. LOCATION (City, town, or county) (State) Stoddard co. Missouri	25. DATE RECD. BY LOCAL REG. Jan. 10-1959
		26. REGISTRAR'S SIGNATURE Mrs. George L. Baker	

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 & Lulu Cooper # 3499....., Student Embalmer No.

~~working under my personal supervision.~~

Student
Signature of Student Embalmer

Signed Lulu B. Cooper.....

Licensed Embalmer No. 4119.....

P. O. Address Bloomfield, 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.