Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED APR 14 1959

59-008618
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN Fulton — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give location) State Hosp #1 — Length of stay in 1b 14 days

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE Mo b. COUNTY Clark
c. CITY OR TOWN Ewing 0.560 0 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First William Middle R. Last Willows

4. DATE OF DEATH Month 4 Day 8 Year 1959

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 2-13-1890
9. AGE (In years last birthday) 69 yrs — 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) Railroad Worker
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME James M. Willows
13b. MOTHER'S MAIDEN NAME Frances Silves
14. NAME OF HUSBAND OR WIFE Laura Willows

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) DK
16. SOCIAL SECURITY NO. DK
17. INFORMANT Hosp Road Address Fulton Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchial Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Parkinsons Disease
DUE TO (c) Chronic Brain syndrome - Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) H500
INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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 3-25-59, to 4-8-59 and last saw her/him alive on 4-8-59
Death occurred at 11:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William J. Crane (Degree or title) MD
22b. ADDRESS State Hosp - Fulton
22c. DATE SIGNED 4-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE April 10 1959
23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery
23d. LOCATION (City, town, or county) Ewing (State) Mo

24. FUNERAL DIRECTOR Wallace Funeral Home ADDRESS Fulton Mo
25. DATE RECD. BY LOCAL REG. April 9 1959
26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAY 7 1959 APR 8 1 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 Daniel C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, 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.