

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010060

STATE FILE NUMBER

FILED MAR 30 1959

Registration District No. 178

Primary Registration District No.

Registrar's No. 28

300
-57
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Health,
Welfare
Public
Service

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN La Belle		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Canton 0.560
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Harris Rest Home		Length of stay in lb mos. 11 mos.	d. STREET ADDRESS (If outside, give location) 504 N.8th
3. NAME OF DECEASED (Type or print) First Coña Middle Jane Last Willis			4. DATE OF DEATH Month Day Year March 24, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 8, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (In years last birthday) 74
11. BIRTHPLACE (City and state or country) Erekenridge, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James A. Goodwin		13b. MOTHER'S MAIDEN NAME Almira Tripp	14. NAME OF HUSBAND OR WIFE Everett C. Willis
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. 494-03-9360D	17. INFORMANT Dorsey Willis, Quincy, Ill.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apoplexy Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) High blood pressure DUE TO (c) Arteric-sclerosis 334 X			INTERVAL BETWEEN ONSET AND DEATH 8 days Years Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) She had a previous stroke in February, 1958.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 Month, Day, Year a.m. p.m.			
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Nov. 14, 1958 to Mar. 24, 1959 and last saw her alive on Mar. 24, 1959 Death occurred at 6: P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harry J. W. Craskey D.O.		22b. ADDRESS La Belle, Missouri	22c. DATE SIGNED 3/27/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 26, 1959	23c. NAME OF CEMETERY OR CREMATORY Forest Grove	23d. LOCATION (City, town, or county) (State) Canton, Lewis County, Mo.

FUNERAL DIRECTOR ADDRESS
E. H. Shelby, Canton, Mo. 3-28-'59 P. W. Jennings, M.D.
(Licensed Embalmer's Statement on Reverse Side)

MS MAY 19 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 *Earl H. Beckley*

Licensed Embalmer No. *7615*
P. O. Address *Canton, 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.