

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS OCT 5 1959

59-031488

STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Centralia</u>		c. CITY OR TOWN <u>Centralia</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Centralia TN</u>		d. STREET ADDRESS (If outside, give location) <u>812 S.Allen</u>	

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Clark</u> Last <u>Willis</u>	4. DATE OF DEATH Month <u>Sept.</u> Day <u>27</u> Year <u>1959</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/3/1902</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and state or country) <u>Iberia, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Samuel P. Willis</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Alexander</u>	14. NAME OF HUSBAND OR WIFE <u>Maude Willis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-03-2277</u>	17. INFORMANT Address <u>Mrs. Maude Willis, Centralia, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute coronary occlusion</u>	INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease with cardiomegaly with calcific aortic stenosis with</u> DUE TO (c) <u>auricular fibrillation</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>

20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from <u>10/22/54</u> to <u>9/26/59</u> and last saw her alive on <u>9/14/59</u> Death occurred at <u>approx. 9 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>John W. Ward MD</u>	22b. ADDRESS <u>Centralia, Missouri</u>	22c. DATE SIGNED <u>9-27-59</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept 30, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Iberia</u>	23d. LOCATION (City, town, or county) (State) <u>Iberia, Mo.</u>
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24. MUNICIPAL DIRECTOR ADDRESS <u>Billie G. Meador Centralia, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>Sept 29, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Maude Mc Bride</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS OCT 6 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill J. Meadows

Licensed Embalmer No. 4876

P. O. Address Antioch, Ill.

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.