RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 13 1959

59-031580

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1015

1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b 40 Yrs	c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp. — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 5634 South 3rd — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First ROY	Middle B	Last WILLIS	4. DATE OF DEATH	Month October	Day 7,	Year 1959
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 10-2-1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. (Trainman (10)		10b. KIND OF BUSINESS OR INDUSTRY C.B.& Q RR Co.	11. BIRTHPLACE (City and state or country) DeKalb Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John Willis		13b. MOTHER'S MAIDEN NAME Mary Wood		14. NAME OF HUSBAND OR WIFE Gladys Willis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) W.W.# 1 (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 707-09-4906	17. INFORMANT Gladys Willis	Address St. Joseph, 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) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH 2 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary Insufficiency — ?

DUE TO (c)

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. ☐ Yes ☐ No ☐ Unknown

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 10-7 59, to 10-7 59 and last saw ~~her~~ him alive on 10-7-59

Death occurred at 10:45A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. L. Mothershead MD — 22b. ADDRESS 2603 Fredrick — 22c. DATE SIGNED 10-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE 10-9-59 — 23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery — 23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

24. FUNERAL DIRECTOR H. O. Sidenfaden & Son R.R.Y. — ADDRESS St Joseph Mo — 25. DATE RECD. BY LOCAL REG. Oct. 8, 1959 — 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.