

# URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038887

FILED VS DEC 15 1959 132

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

81

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Bollinger</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Bollinger</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lutesville</b>		Length of stay in lb <b>39 yrs</b>	c. CITY OR TOWN <b>Lutesville, Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 mi so. Lutesville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>ELMUS FORREST WILLIS</b>			4. DATE OF DEATH Month Day Year <b>12-3-1959</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-9-1919</b>	9. AGE (last birthday) <b>40</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>city marshall</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>West Frankfort, Ill</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>	
13a. FATHER'S NAME <b>John M. Willis</b>		13b. MOTHER'S MAIDEN NAME <b>Lula Piles</b>		14. NAME OF HUSBAND OR WIFE <b>Ethel Willis</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-2</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Ethel Willis, Lutesville, Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia</b> DUE TO (b) <b>Drowning</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <b>acute</b> <b>acute</b>
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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Out fishing. Father reached over boat to attend to fish. Boat turned over. Occupants</b>				
20c. TIME OF INJURY Hour a.m. p.m. <b>9:25 p.m.</b>		Month, Day, Year <b>Nov. 1959</b>	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.) <b>River - South of Lutesville</b>	
		20f. CITY, TOWN, OR LOCATION <b>Lutesville</b>	COUNTY <b>Bollinger</b>	STATE <b>Missouri</b>		
21. I attended the deceased from <b>May 30, 1958</b> and last saw him alive <b>Dec 1, 1959</b> Death occurred at <b>9:25 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <b>W. H. Freites, D.O.</b>			22b. ADDRESS <b>Lutesville Mo.</b>		22c. DATE SIGNED <b>12-4-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>12-6-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bollinger Co. Mem</b>		23d. LOCATION (City, town, or county) <b>Lutesville, Mo</b>		
24. GENERAL DIRECTOR ADDRESS <b>Gene Ward, Lutesville, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12-7-59</b>	26. REGISTRAR'S SIGNATURE <b>Mr Buford Crader.</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 16 1968

**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 Herbert Liley, Student Embalmer No. 577  
working under my personal supervision.

Student Herbert Liley Signed R. O. Laird  
Signature of Student Embalmer

Licensed Embalmer No. 4538  
P. O. Address Jackson, 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.