URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 19 1960

ENDED

Registration District No. 34 Primary Registration District No. 5117 Registrar's No. 4

60-018395
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cedar
Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hartsburg RFD.
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Hartsbury
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.F.D.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Julia Middle Willkening Last
4. DATE OF DEATH Month May Day 12 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH May 15 1874
9. AGE (last birthday) 85
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) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Calloway County Mo
12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME George White
13b. MOTHER'S MAIDEN NAME Martha Yount
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Louie Counce Address Hartsburg 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) Myocardial failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Essential Hypertension
DUE TO (c) Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH
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 February 15 1960 to May 8 1960 and last saw her alive on May 8 1960
Death occurred at 11:55 P m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE James E Steffan (Degree or title) DO
22b. ADDRESS Ashland Mo.
22c. DATE SIGNED May 14 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 15 1960
23c. NAME OF CEMETERY OR CREMATORY Mt Plesant Cemetery
23d. LOCATION (City, town, or county) (State) Boone County Mo
24. FUNERAL DIRECTOR Wm C Burnett ADDRESS Ashland
25. DATE RECD. BY LOCAL REG. May 14, 1960
26. REGISTRAR'S SIGNATURE Mildred Burnett

(Licensed Embalmer's Statement on Reverse Side)

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 Wm E. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland

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