

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED MAY 3 1961

60-61-014640 STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 60-61-014640

AMENDED

FILED MAY 3 1961

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>Demiseat</u>		2. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Demiseat</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hazlett</u>		Length of stay in 1b <u>Week</u>	c. CITY OR TOWN <u>Hazlett Mo.</u>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Hayth - Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u></u>
3. NAME OF DECEASED (Type or print) First <u>Thespolia</u> Middle <u>Willis</u> Last <u>Willis</u>		4. DATE OF DEATH Month <u>April</u> Day <u>21</u> Year <u>1961</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-25-09</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>51</u>
11. BIRTHPLACE (City and state or country) <u>Caldwell, Ark.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James A. Willis</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Fuggles</u>	
14. NAME OF HUSBAND OR WIFE <u>Lattie Graham</u>		17. INFORMANT <u>Lattie Graham, Muskogee, Mich.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. ADDRESS <u>Lattie Graham, Muskogee, Mich.</u>	
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>1. Right S. Coronary Arteriosclerosis</u> <u>2. Hypertensive cardiovascular disease</u> <u>3. Left ventricular hypertrophy</u> DUE TO (b) <u>3. Left ventricular hypertrophy</u> DUE TO (c) <u>4. Coronary artery disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour <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 <u>Hazlett Mo.</u>	
20g. COUNTY <u>Demiseat</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>4-8-61</u> to <u>4-21-61</u> and last saw her/him alive on <u>4-21-61</u> Death occurred at <u>6:10 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. J. Diney</u>		22b. ADDRESS <u>200 E. 4th St. Hazlett Mo.</u>	
22c. DATE SIGNED <u>4-22-61</u>		22d. LOCATION (City, town, or county) <u>Hazlett Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-23-1961</u>	23c. LOCATION (City, town, or county) <u>Morgan Cemetery, Hazlett, Mo.</u>	
24. FUNERAL DIRECTOR <u>J. J. Smith</u>		25. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>	

JUN 6 1961

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 Jack Kelley

Licensed Embalmer No. 3788

P. O. Address Courthaven

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.