# SSOURI DIVISION OF HEALTH – STANDARD CERTIFICA OF DEATH

-61-021783

STATE FILE NUMBER

AMENDED

Registration District No. 173 Primary Registration District No. 4272 Registrar's No. 48

FILED JUN 28 1961

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waverly
Length of stay in 1b: I7 Days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Kelling Clinic & Hospital
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Higginsville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) I3I0 Ilive
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FORREST Middle LEE Last WILLIS, Sr.
4. DATE OF DEATH: Month 6 Day I6 Year I96I
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-I4-I883
9. AGE (last birthday): 77
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): Decorator
10b. KIND OF BUSINESS OR INDUSTRY: Painting
11. BIRTHPLACE (City and state or country): Lafayette County
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Augustus W. Willis
13b. MOTHER'S MAIDEN NAME: Susan V. Eppes
14. NAME OF HUSBAND OR WIFE: Anna C. Willis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
17. INFORMANT: Mrs. Anna Willis Address: Higginsville, 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) carcinoma of lung with metastases — INTERVAL BETWEEN ONSET AND DEATH: not known
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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 8/8/1959 to 6/16/61 and last saw ~~XXX~~ him alive on 6/16/61
Death occurred at 11:40 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Douglas Kelling M.D.
22b. ADDRESS Waverly, Missouri
22c. DATE SIGNED 6/19/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-I8-I96I
23c. NAME OF CEMETERY OR CREMATORY City
23d. LOCATION (City, town, or county) Higginsville (State) Missouri
24. FUNERAL DIRECTOR Forrest A. Hoefer ADDRESS Higginsville, Mo.
25. DATE RECD. BY LOCAL REG. June 30 1961
26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 28 1964

**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 Forrest R. Hoefer

Licensed Embalmer No. 480I

P. O. Address Higginsville, 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.