ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028750
STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 244

FILED AUG 29 1961

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Length of stay in 1b 37 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Highway 50 West — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Thompson Middle Flournoy Last Willis

4. DATE OF DEATH Month August Day 21, Year 1961

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Oct. 28, 1898
9. AGE (last birthday) 62 — 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) Chief of Research
10b. KIND OF BUSINESS OR INDUSTRY State Highway Dept.
11. BIRTHPLACE (City and state or country) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Bixby Willis
13b. MOTHER'S MAIDEN NAME Maude Matthews
14. NAME OF HUSBAND OR WIFE Erma Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWI SATC
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. T. F. Willis, Jefferson City, 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) Cerebro-Vasc. Accident — INTERVAL BETWEEN ONSET AND DEATH Sudden (10 hrs)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Dent Kiesow
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 Aug 21/61, to Aug 21/61 and last saw her/him alive on Aug 21/61
Death occurred at 11:05 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. P. Harris
22b. ADDRESS Jefferson City, Mo
22c. DATE SIGNED Aug 25/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-24-1961
23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Gideon N. Houser Jefferson City, Mo
25. DATE RECD. BY LOCAL REG. 23 August 1961
26. REGISTRAR'S SIGNATURE R. P. Harris, Mgr. M. Richter, Dep.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS AUG 29 1961

VS AUG 30 1961

SEP 8 1961

OCT 13 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 Bill McLaughlin, Student Embalmer No. 620 working under my personal supervision.

Student: Bill McLaughlin
Signature of Student Embalmer

Signed Gideon N. Houser

Licensed Embalmer No. 4579

P. O. Address Jefferson City,

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.