

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031494

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2462

FILED SEP 13 1961

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS,	Length of stay in 1b 13 DAYS	c. CITY OR TOWN BOWLING GREEN	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSP VETERANS ADMINISTRATION		d. STREET ADDRESS (If outside, give location) 815 W. MAIN STREET	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First SHERMAN Middle Last WILLIS			4. DATE OF DEATH Month AUGUST Day 30 Year 1961			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-6-94	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY ANYKIND	11. BIRTHPLACE (City and state or country) PIKE CITY, MO.	12. CITIZEN OF WHAT COUNTRY USA		

13a. FATHER'S NAME THOMAS J WILLIS	13b. MOTHER'S MAIDEN NAME MARY JANE LEWIS	14. NAME OF HUSBAND OR WIFE MILDRED WILLIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		17. INFORMANT BOWLING GREEN, MISSOURI MILDRED WILLIS, WIFE, 815 W. MAIN,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CORONARY THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH Apprx. 2 HRS
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE, MARKED		UNDETERMINED
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PORTAL CIRRHOSIS OF LIVER. ESOPHAGEAL VARICES		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 checked="" 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 Month, Day, Year a.m. p.m.		
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 COUNTY STATE

21. I attended the deceased from VA 8-17-61 to 8-30-61 and last saw him alive on _____
Death occurred at 7:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <i>Paul G. Stromsdorfer</i>		22b. ADDRESS M.D. VAH JEFFERSON BARRACKS, MO.	22c. DATE SIGNED 8-31-61
23a. BURIAL, CREMATION, REBURY, or other (Specify) REMOVAL	23b. DATE 9-2-61	23c. NAME OF CEMETERY OR CREMATORY Concord	23d. LOCATION (City, town, or county) (State) Bowling Green Mo
24. FUNERAL DIRECTOR ADDRESS Mudd Funeral Home, Bowling Green, Mo.		25. DATE RECD. BY LOCAL REG. 9-1-61	26. REGISTRAR'S SIGNATURE <i>John E. Mayhew M.D.</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 Stanley H. Aihon
Licensed Embalmer No. 4193
P. O. Address S. D.

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.