

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-004752

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 922 STATE FILE NUMBER

FILED JAN 25 1962
 1. PLACE OF DEATH
 a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO. b. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. Louis Length of stay in 1b
 c. CITY OR TOWN ST. Louis Inside Limits Yes No
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 5820 NOTTINGHAM Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
EDNA EARLE WILLINGHAM JAN 20 1962

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH AUG 23 1909 9. AGE (last birthday) 52

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (City and state or country) UNKNOWN 12. CITIZEN OF WHAT COUNTRY U-S-A

13a. FATHER'S NAME JOSEPH STINSON 13b. MOTHER'S MAIDEN NAME MAUDE TURLEY 14. NAME OF HUSBAND OR WIFE MAURICE E. WILLINGHAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT Address MAURICE WILLINGHAM 5820 NOTTINGHAM

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) unknown

DUE TO (c) 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none 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.) none

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 Jan 12-62 to Jan 19-62 and last saw ^(her) him alive on Jan 19-62. Death occurred at 5 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hanley M. Leggett M.D. 22b. ADDRESS 16 Hampton Village 22c. DATE SIGNED 1-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE Jan. 21, 1962 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Texarkana, Arkansas

24. GENERAL DIRECTOR ADDRESS Thomas Kute 2906 Gravois 25. DATE RECD. BY LOCAL REG. 1-20-1962 26. REGISTRAR'S SIGNATURE Earl Smith M.D.

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

245 of Emigrants

921-4881

16 Hampton Village

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 J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Gravel

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.