

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-033352

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 182

FILED SEP 10 1962

1. PLACE OF DEATH
a. COUNTY Saline

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE mo b. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall Length of stay in lb 6 mo.

c. CITY OR TOWN Raytown Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION William Nursing Home Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 5400 Northern Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First LILLIE Middle MAE Last WILLIG

4. DATE OF DEATH Month Sept. Day 6 Year 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 12-25-1874 9. AGE (last birthday) 87 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) House Wife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and state or country) Saline County, Mo 12. CITIZEN OF WHAT COUNTRY U. S. A

13a. FATHER'S NAME W. R. Rutherford 13b. MOTHER'S MAIDEN NAME Anna Manner 13c. NAME OF HUSBAND OR WIFE Chas. W. Willig

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 Clarence J. Willig Marshall, mo R 2 Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Care of liver INTERVAL BETWEEN ONSET AND DEATH 6-8 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Care of Colon 6-8 months
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Revealed arteriosclerotic Keshlicuse

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 1958 to Sept 6-62 and last saw him alive on Sept 6, 1962
Death occurred at 11:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. Krings club mo (Degree or title) 22b. ADDRESS Marshall, Mo 22c. DATE SIGNED 9-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-8-1962 23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Garden 23d. LOCATION (City, town, or county) Marshall (State)

24. FUNERAL DIRECTOR Harry Horshberger ADDRESS Marshall Mo 25. DATE RECD. BY LOCAL REG. 9-7-'62 26. REGISTRAR'S SIGNATURE Paul G. Read

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS 300 Rev. 4/59
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

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 Harry Herskberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.