

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002560

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 10

FILED JAN 22 1963

VS 300
Rev. 4/59

66.50
206.50

3
4 1
5 2
6
7 0
8 0
9 201
10
11
12 1-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton		Length of stay in 1b 10 days	c. CITY OR TOWN RFD Cainsville,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtell Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD Cainsville, Mo.
3. NAME OF DECEASED (Type or print) First Ulna Middle May Last Willis			4. DATE OF DEATH Month January Day 13, Year 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-26-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Mercer County, Mo.
13a. FATHER'S NAME Wintford Craig		13b. MOTHER'S MAIDEN NAME Louisa McBee	14. NAME OF HUSBAND OR WIFE Lawrence Willis, (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address Lavera Willis, Cainsville, Mo.
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Thrombosis			imm.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) Arteriosclerotic Heart Disease			
DUE TO (c) Myocardial enlargement			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input 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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 1-3-63 to 1-13-63 and last saw her/him alive on 1-13-63 Death occurred at 3:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) B. E. Axtell		22b. ADDRESS D. O. Princeton, Missouri.	22c. DATE SIGNED 1-15-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-15-63	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery,	23d. LOCATION (City, town, or county) (State) RFD Cainsville, Mo.
24. FUNERAL DIRECTOR E. J. Stoklasa		ADDRESS Cainsville, Mo.	25. DATE RECD. BY LOCAL REG. 1-18-63
			26. REGISTRAR'S SIGNATURE Paul [Signature]

STATEMENT BY LICENSED EMBALMER

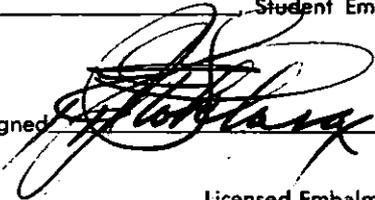
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~by~~ Eddie J. Stoklasa Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.

None obtained M.M.