

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025060

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 207 Primary Registration District No. 5755 Registrar's No. 21

STATE FILE NUMBER

FILED JUL 9 1963

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) Jackson		c. CITY OR TOWN Vienna, Mo.	
Length of stay in 1b 18 Yrs		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) His Home		d. STREET ADDRESS (If outside, give location) Jackson Twp.	
Reside on Farm Yes ☐ No ☒		Reside on Farm Yes ☐ No ☒	

3. NAME OF DECEASED (Type or print) First Charles Middle W. Last Willis			4. DATE OF DEATH Month June Day 25 Year 1963.		
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 7/27/1877	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months 10 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Brookfield, Mo.		
11. BIRTHPLACE (City and state or country) USA			12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Henry Willis		13b. MOTHER'S MAIDEN NAME Jennie Wakins		14. NAME OF HUSBAND OR WIFE Lilly M. Willis	
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. 329-10-5644		
17. INFORMANT Mrs Lilly M. Willis, Vienna, Mo.			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) Presumed to be Natural Causes DUE TO (b) (Crown of Marie County notified) DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) 35		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
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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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
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 _____ to _____ and last saw her/him alive on _____ Death occurred at 9:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Noelle Hutchison, Local Registrar, Vienna, Mo.		22b. ADDRESS	22c. DATE SIGNED 6-27-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 6/28/63	23c. NAME OF CEMETERY OR CREMATORY Valhalla South	23d. LOCATION (City, town, or county) St. Louis, Mo.
24. FUNERAL DIRECTOR W. C. Birmingham		25. DATE RECD. BY LOCAL REG. 6-27-63	26. REGISTRAR'S SIGNATURE Noelle Hutchison

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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1963 JUL 12 11:11 AM

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 me Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 3664

P. O. Address Vienna 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.