

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025061

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 207

Primary Registration District No. 4319

Registrar's No. 20

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) Belle-		c. CITY OR TOWN Belle	
Length of stay in lb 12 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) AT home		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Robert I Willson		4. DATE OF DEATH Month June Day 19 Year 1963	
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 Apr 12-1874
9. AGE (last birthday) 89		10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Merchant & Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Retail Merchant Highgate-	
11. BIRTHPLACE (City and state or country) Mo		12. CITIZEN OF WHAT COUNTRY U.S. Fl.	
13a. FATHER'S NAME Herald W. Willson		13b. MOTHER'S MAIDEN NAME Cynthia Rogers	
14. NAME OF HUSBAND OR WIFE Marie (Brazner) Willson		Address Stawley Willson - Belle - Mo	
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 Stanley Willson - Belle - 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) Uremia DUE TO (b) Nephrosclerosis DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Bronchitis - Arteriosclerotic heart		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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (If nature of injury in PART I or PART II of item 18.)	

20c. TIME OF INJURY Hour 6:40 Month, Day, Year. 6/19/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Belle - Missouri	STATE
21. I attended the deceased from 1961 to 1962 and last saw him/her alive on 6/19/63 . Death occurred at 6:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE James A. Shear, M.D.	(Degree or title)	22b. ADDRESS Herald, MO	22c. DATE SIGNED 6/27/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried June 22-1963		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Suberty Cemetery
23d. LOCATION (City, town, or county) Belle - Missouri		23e. LOCATION (City, town, or county) Belle - Missouri	
24. FUNERAL DIRECTOR Charles S. Sasser		25. DATE RECD. BY LOCAL REG. June 26, 1963	
26. REGISTRAR'S SIGNATURE Therelle Hutchins			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/59

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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 Cherita Sassman

Licensed Embalmer No. 4178

P. O. Address Blond-Mu

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.