

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14984**
Registrar's No. **624**

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 624	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.		c. LENGTH OF STAY (In this place) 37 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) 2002 Boyd Street			
3. NAME OF DECEASED (Type or Print) Oliver		a. (First) Richard		c. (Last) Willis		4. DATE OF DEATH (Month) (Day) (Year) June 1 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 12 1883	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months		IF UNDER 2 MRS. Days		IF UNDER 2 MRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Easton Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John I. Willis		13b. MOTHER'S MAIDEN NAME Lucy Weddle		14. NAME OF HUSBAND OR WIFE Mrs. Emma			
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. 500-07-4573		17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Willis		ADDRESS 2002 Boyd St	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Syphemia - Multiple ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Abscess following generalized peritonitis DUE TO (c) Perforated appendix II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 mos. 5:50	
19a. DATE OF OPERATION May 5 - 49		19b. MAJOR FINDINGS OF OPERATION Multiple abscesses - Gen. peritonitis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 1, 1949 , to June 1, 1949 , that I last saw the deceased alive on June 1, 1949 , and that death occurred at 7:40 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. J. Shanahan M.D. (Degree or title)				23b. ADDRESS St. Joseph, Mo. Doctor's Bldg.		23c. DATE SIGNED 6-2-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 4, 1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. June 6, 1949		REGISTRAR'S SIGNATURE E. G. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE Norman W. Sidenfader		ADDRESS 1802 Union St	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed _____

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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 this body is not embalmed, fact should be so stated above.