

19045

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 21 1949

No. 300  
10.48

BIRTH NO. ....		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>5351</u>		Registrar's No. <u>47</u>		
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dallas</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Celt Rural</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Celt Rural</u>		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print)			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)		
			<u>ORAL</u>	<u>Edward</u>	<u>Willis</u>	<u>June 10 - 49</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>July 27, 1937</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	
						<u>16</u>	<u>10 13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
<u>none dependent</u>		<u>none dependent</u>		<u>Taylor Co Mo</u>		<u>U.S.A.</u>		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
<u>Earl Willis</u>			<u>Gertie Debbert</u>		<u>Earl Willis - Celt, Mo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS				
<u>No</u>				<u>Earl Willis - Celt, Mo</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Abscess of Both Lungs</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Broncho-Pneumonia</u> DUE TO (c) <u>Catarrhal Influenza</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Sputum test being made for Miliary Tuberculosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>June 9<sup>th</sup></u> , 1949, to <u>June 10<sup>th</sup></u> , 1949, that I last saw the deceased <u>live on June 9<sup>th</sup></u> , 1949, and that death occurred at <u>9 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title)			23b. ADDRESS			23c. DATE SIGNED		
<u>G. J. Myers</u>			<u>M.D. 11</u>			<u>Macks Creek Mo</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)		
<u>Burial</u>		<u>6-13-49</u>		<u>A.B. Cemetery</u>		<u>Dallas Co - Mo</u>		
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		50		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
<u>6/18/49</u>		<u>Miss J. B. Jones</u>		<u>80</u>		<u>L. B. Jones - Buffalo Mo.</u>		

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 8-49-

Date Filed 6-20-4

**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.

Signed.....  
Student Embalmer

Signed

*Maris B. Jones*

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.

*SB*