S. No. 300
v. 10.48

FILED NOV 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38429

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 395

94 5 2

1. PLACE OF DEATH
a. COUNTY: ST. FRANCOIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FLAT RIVER
c. LENGTH OF STAY (in this place): 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GREY HOUND BUS STATION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: ST. FRANCOIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FLAT RIVER 94
d. STREET ADDRESS (If rural, give location): 806 TYLER 5 2

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): PAUL
c. (Last): WILLARD

4. DATE OF DEATH (Month) (Day) (Year): NOVEMBER 10 - 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 1st 1894
9. AGE (In years last birthday): 55 — If under 1 year: Months 6, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED MINNER
10b. KIND OF BUSINESS OR INDUSTRY: ST. JOE LEAD CO
11. BIRTHPLACE (State or foreign country): CUBA MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: HENRY WILLARD
13b. MOTHER'S MAIDEN NAME: ELIZBERTH HINSE
14. NAME OF HUSBAND OR WIFE: LERIE WILLARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 499-03-5303
17. INFORMANT'S SIGNATURE OR NAME: MRS LERIE WILLARD — **ADDRESS**: Flat River, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coroner Jury Verdict due to
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) natural causes apparently heart failure
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* ——, 19__, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* 8:30 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Earl J. Miller (Degree or title): Coroner
23b. ADDRESS: Farmington, Mo
23c. DATE SIGNED: 11/10/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 11 1949
24c. NAME OF CEMETERY OR CREMATORY: PARK VIEW
24d. LOCATION (City, town, or county) (State): FARMINGTON MO.

DATE REC'D BY LOCAL REG.: Nov. 10, 1949
REGISTRAR'S SIGNATURE: Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE: C. Z. Boyer **ADDRESS**: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-15-49

[illegible] Health Officer No. 4

[illegible] File Number 1149-49

Date Filed

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 C. Z. Boyer

Licensed Embalmer No. 1671

P. O. Address Desloge 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.