

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JAN 23 1950

State File No. **43984**

BIRTH NO. _____		REG. DIST. NO. 373		PRIMARY REG. DIST. NO. 6265		Registrar's No. 5		
1. PLACE OF DEATH a. COUNTY Webster				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster				
b. CITY (If outside corporate limits, write RURAL and give township) Northview		c. LENGTH OF STAY (If this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) Northview		1120		
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) Thomas		c. (Last) Willis		4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 18, 1866	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Webster County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME George Willis			13b. MOTHER'S MAIDEN NAME Elizabeth Galbrith		14. NAME OF HUSBAND OR WIFE Ellie (Hogan) 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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clifford Willis - Northview 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Respiratory					INTERVAL BETWEEN ONSET AND DEATH Years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Sclerosis					0	
		DUE TO (c)					5 1/2 Y	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia					4 yrs.	
19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION No					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) No				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR No				
22. I hereby certify that I attended the deceased from _____, 19 45 , to 12/26, 1949 , that I last saw the deceased alive on 12/26, 1949 , and that death occurred at 1:15 P.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) R. H. Focht M.D.				23b. ADDRESS Stafford Mo.		23c. DATE SIGNED 12/30/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-29-49		24c. NAME OF CEMETERY OR CREMATORY Welch Cemetery		24d. LOCATION (City, town, or county) (State) Webster County, Mo.		
DATE REC'D BY LOCAL REG. 1/10/50		REGISTRAR'S SIGNATURE J. H. ...		25. FUNERAL DIRECTOR'S SIGNATURE Arthur Bruce - Mansfield, Mo.		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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RECEIVED JAN 16 1950
District Health Office No. 6,
District File Number 150-96
Date Filed 1-19-50

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. 326

working under my personal supervision.

Student William L. Thompson
Student Embalmer

Signed Arthur Bruce

Licensed Embalmer No. 4723

P. O. Address Marshfield, 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.