No. 300
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FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4143

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 27 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Gir
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau 0164
d. STREET ADDRESS (If rural, give location): 515 Broadview 0

3. NAME OF DECEASED (Type or Print): a. (First) Benjamin b. (Middle) O. c. (Last) Willa
4. DATE OF DEATH (Month) (Day) (Year): Feb. 15, 1950
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 9, 1894
9. AGE (In years last birthday): 55 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner & Seller
10b. KIND OF BUSINESS OR INDUSTRY: Monuments
11. BIRTHPLACE (State or foreign country): Near Whitewater, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME: Otto F. Willa
13b. MOTHER'S MAIDEN NAME: Caroline Eichledger
14. NAME OF HUSBAND OR WIFE: Gusta M. Willa
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.: 491-07-3482
17. INFORMANT'S SIGNATURE OR NAME: Mrs Gusta Willa ADDRESS: Cape Gir Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis and Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Sclerosis
DUE TO (c)

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

4207

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* 2-11, 1950, *to* 2-14, 1950, *that I last saw the deceased alive on* 2-14, 1950, *and that death occurred at* 12:10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Albert M. Estes (Degree or title) M.D.
23b. ADDRESS: Cape Girardeau 714 Broadway Mo.
23c. DATE SIGNED: 2/17/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 17, 1950
24c. NAME OF CEMETERY OR CREMATORY: Zion Methodist Cemt.
24d. LOCATION (City, town, or county) (State): Gordonville, Missouri

DATE REC'D BY LOCAL REG.: 2-20-1950
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: Howard L. Lemen ADDRESS: Cape Girardeau

(Licensed Embalmer's Statement on Reverse Side)

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

714 Broadway

RECEIVED

FEB 27 1950

DISTRICT HEALTH OFFICE No.

File No. 250-270

VS SEP 4 1959

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 Howard R. Hamm

Licensed Embalmer No. 4183

P. O. Address Cape Girardeau, 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.