

No. 300  
v. 10.48

FILED SEP 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27666

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5734 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Neosho</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Neosho</b>	
c. LENGTH OF STAY (in this place) <b>8 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Rt. 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt. 2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>Lee</b> c. (Last) <b>Willets</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 23 1950</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>June 30, 1904</b>		9. AGE (In years last birthday) <b>46</b>		IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>auto mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>auto</b>	
11. BIRTHPLACE (State or foreign country) <b>Alma, Nebr.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Lee Willets</b>		13b. MOTHER'S MAIDEN NAME <b>Edith Simpson</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Willets</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Willets Rt. 2, Neosho, Mo.</b>	

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) <b>Coronary Heart Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH  <b>4201</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min)		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 **8-7-1950** to **8-23-1950** that I last saw the deceased alive on **8-22-1950** and that death occurred at **9:00A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul C. Davis, MD</b> (Degree or title)		23b. ADDRESS <b>Neosho Mo</b>		23c. DATE SIGNED <b>8/24/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-25-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Park</b>	
24d. LOCATION (City, town, or county) (State) <b>Joplin Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Parker-Hunsaker Mortuary</b>		ADDRESS <b>Joplin Mo</b>	
DATE REC'D BY LOCAL REG. <b>Aug 25, 1950</b>		REGISTRAR'S SIGNATURE <b>Melvin G. Bannan</b>		223	

(Licensed Embalmer's Statement on Reverse Side)

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

0730

1100-001  
101 Baines

**RECEIVED**

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 950-179

Date Filed Aug 30 1950

**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 F. M. Jones

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin, 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.