

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
128

State File No. 8128

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 2000		Registrar's No. 261	
1. PLACE OF DEATH a. COUNTY GRANT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CEDAR			
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Jarvis Springs 1200		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) WESLEY c. (Last) WILLETT			4. DATE OF DEATH (Month) (Day) (Year) MARCH 21 1951				
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 12, 1869		9. AGE (In years last birthday) Months Days 81 11 9	
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) CEDAR COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME HENRY P. WILLETT		13b. MOTHER'S MAIDEN NAME REBECCA WRENN		14. NAME OF HUSBAND OR WIFE ORA WILLETT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ora Willett Jarvis Springs 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) Broncho pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Insufficiency DUE TO (c) Carcinoma of Colon with metastasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 153 X
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)		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 19 Feb , 1951, to 21 March , 1951, that I last saw the deceased alive on 20 March , 1951, and that death occurred at 12:20 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE Stanley J. Peterson MD (Degree or title)				23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 21 March 51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-23-51		24c. NAME OF CEMETERY OR CREMATORY OMER		24d. LOCATION (City, town, or county) (State) Cedar County, MO.	
DATE REC'D BY LOCAL REG. 3-22-51		REGISTRAR'S SIGNATURE W. E. Handley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John C. Cantlon, Stockton, MO			

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

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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

Richard W. Bandall

Student Embalmer No. *405*

working under my personal supervision.

Student *Richard W. Bandall*
Student Embalmer

Signed *John A. Cantlon*
Licensed Embalmer No. *4387*

P. O. Address *Staebton, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.