

FILED SEP 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27323

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 313

1. PLACE OF DEATH a. COUNTY Jackson 0485		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 0485	
d. FULL NAME OF HOSPITAL OR INSTITUTION 406 E. Pacific		d. STREET ADDRESS (If rural, give location) 406 E. Pacific	

3. NAME OF DECEASED (Type or Print) a. (First) Hall b. (Middle) c. (Last) Villian			4. DATE OF DEATH (Month) (Day) (Year) Aug 18 1951		
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 15, 1881	9. AGE (In years last birthday) 69 yrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Fayette Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JACK Villian		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Ruth Villian (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JAMES C. Davidson R.R. 4 - N.E. Co.	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metabol Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 10 days
	ANTECEDENT CAUSES DUE TO (b) Cereb Insufficiency		
	DUE TO (c) Mal Nutrition		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Several weeks	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 410X	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) Independence Jackson Mo
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 Aug 10, 1951, to Aug 18, 1951, that I last saw the deceased alive on Aug 18, 1951, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Lewis (Degree or title)	23b. ADDRESS 1195 Fern	23c. DATE SIGNED 8-29-51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Aug 27 51	24c. NAME OF CEMETERY OR CREMATORY Woodlawn
24d. LOCATION (City, town, or county) (State) Independence Mo	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Davis 4415 TRINITY RD	
DATE REC'D BY LOCAL REG. Aug 26 1951	REGISTRAR'S SIGNATURE James Lewis 354	

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

11-11-66
F.S.

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 _____
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *R. E. Davis*

Licensed Embalmer No. 4417

P. O. Address *R. E. Davis*

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.