

No. 300
10-48

FILED JAN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41438

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 78

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| 1. PLACE OF DEATH a. COUNTY <i>Nowell</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Nowell</i> | |
| b. CITY OR TOWN <i>West Plains</i> | | c. CITY OR TOWN <i>West Plains</i> 0461 | |
| c. LENGTH OF STAY (in this place) <i>10 yrs</i> | | d. STREET ADDRESS (If rural, give location) <i>1024 W 2nd St</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <i>Jasie</i> | b. (Middle) <i>Trula</i> | c. (Last) <i>Willard</i> | 4. DATE OF DEATH (Month) (Day) (Year) <i>12-11-1951</i> |
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| 5. SEX <i>F</i> | 6. COLOR OR RACE <i>W</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i> | 8. DATE OF BIRTH <i>3/23-1894</i> | 9. AGE (in years last birthday) <i>57</i> | IF UNDER 1 YEAR Month Day | IF UNDER 24 HRS. Hours Min. |
|-----------------|---------------------------|---|-----------------------------------|---|---------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i> | 10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/> | 11. BIRTHPLACE (State or foreign country) <i>Waco Valley Mo</i> | 12. CITIZEN OF WHAT COUNTRY? <i>USA</i> |
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| 13a. FATHER'S NAME <i>Jas B Crow</i> | 13b. MOTHER'S MAIDEN NAME <i>Harriet Grace</i> | 13c. NAME OF HUSBAND OR WIFE <i>A. H. Willard</i> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, N, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinomatosis of Abdomen</i> | | |
| | ANTECEDENT CAUSES As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>(probably Gastro-intestinal origin)</i> with marked DUE TO (c) <i>Ascites in Abd. Cavity.</i> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION <i>May 1951</i> | 19b. MAJOR FINDINGS OF OPERATION <i>Same as above</i> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? <i>159X</i> |
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22. I hereby certify that I attended the deceased from *25/7/1, 1951* to *11 Dec, 1951*, that I last saw the deceased alive on *10 Dec, 1951*, and that death occurred at *6:30 p.m.*, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <i>William A. M.D.</i> | 23b. ADDRESS <i>West Plains, Mo</i> | 23c. DATE SIGNED <i>17-12-51</i> |
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| 24a. BURIAL OR CREMATION, REM. (Specify) | 24b. DATE <i>17-12-51</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i> | 24d. LOCATION (City, town, or county) (State) <i>West Plains Mo</i> |
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| DATE REC'D BY LOCAL REG. <i>1-5-52</i> | REGISTRAR'S SIGNATURE <i>Beatrice Cook</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Robert M. Mathews</i> | ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 17 261

working under my personal supervision.

Student
Student Embalmer

Signed

D. D. Roberts

Licensed Embalmer No. 3437

P. O. Address West Park

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.