

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 9 1952

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. 80

0230
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Van Buren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kahoka</u>	c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington Ia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>8140 8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eliza</u> b. (Middle) <u>Willits</u> c. (Last) <u>Willits</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-2-1952</u>		
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5. SEX <u>F.M.</u>	6. COLOR OR HAIR <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-10-62</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Keeping Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Van Buren Co., Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Alec H. Cunningham</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Corwin</u>		14. NAME OF HUSBAND OR WIFE <u>John B. Willits</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Edna Wear</u>		ADDRESS <u>Kahoka Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>dec 20th</u>	
		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?	
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22. I hereby certify that I attended the deceased from Dec 20, 1951, to Dec 29, 1951, that I last saw the deceased alive on Dec 29, 1951, and that death occurred at 4h m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Grace L. Gray, M.D.</u>		23b. ADDRESS <u>Kahoka Mo.</u>		23c. DATE SIGNED <u>1-4-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>5 Removal</u>	24b. DATE <u>1-2-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thompson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington Iowa</u>
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DATE REC'D BY LOCAL REG. <u>1/4-52</u>	REGISTRAR'S SIGNATURE <u>J.R. Briggs</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Karle</u>	ADDRESS <u>Kahoka Mo.</u>
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Fred Karle.....

Licensed Embalmer No. 1023.....

P. O. Address Kahoka 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.