No. 300.
10.48

FILED MAR 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11692

State File No.

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (In this place): 14 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 400 Block West Gladys St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston 1003
d. STREET ADDRESS (If rural, give location): 505 W. Gladys St

3. NAME OF DECEASED (Type or Print)
a. (First): Judson
b. (Middle): Marshall
c. (Last): Willis III

4. DATE OF DEATH (Month) (Day) (Year): 3-12-52

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct 7, 1948.
9. AGE (In years last birthday): 3 — If under 1 year: Months 5, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Rolla Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Judson M. Willis Jr
13b. MOTHER'S MAIDEN NAME: Catherine Tyler
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Judson M. Willis Jr - Sikeston 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound fracture of skull — INTERVAL BETWEEN ONSET AND DEATH: 0

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: 141 E8120 - 25
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): City Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Sikeston Scott Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-12-1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Struck by Truck.

22. *I hereby certify that I attended the deceased from* 3/12, 1952, *to* 3/12, 1952, *that I last saw the deceased alive on* D.O.A. 3/12, 1952, *and that death occurred at* 3 05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm. C. Critchlow
(Degree or title): M.D.
23b. ADDRESS: Sikeston, Mo
23c. DATE SIGNED: March 19, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-14-52
24c. NAME OF CEMETERY OR CREMATORY: Bloomfield
24d. LOCATION (City, town, or county) (State): Bloomfield Mo

DATE REC'D BY LOCAL REG.: 3-22-52
REGISTRAR'S SIGNATURE: Mrs. Ella Hunter 429
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Welch Funeral Home - Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 24 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 352-87

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 Raymond Grewe

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo.

Signed.....
Student Embalmer

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

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