S. No. 300
v. 10.48

JUN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15803

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 160

0164
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1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Gir.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson Rt. # 1
d. STREET ADDRESS (If rural, give location): near Indian Creek

3. NAME OF DECEASED (Type or Print)
a. (First): Jesse
b. (Middle): Robert
c. (Last): Wills

4. DATE OF DEATH (Month) (Day) (Year): May 26, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 22, 1903
9. AGE (In years last birthday): 49 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): near New Bethel, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Robert Wills
13b. MOTHER'S MAIDEN NAME: Martha Yates
14. NAME OF HUSBAND OR WIFE: Fern Wills

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Fern Wills
ADDRESS: Jackson Rt.#1, 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) Perforated Peptic ulcer — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Peptic ulcer — 3 yrs
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: 5401
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 18, 1950, *to* May 25, 1952, *that I last saw the deceased alive on* May 25, 1952, *and that death occurred at* 4:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. F. McDonald (Degree or title): M.D.
23b. ADDRESS: Jackson, Mo
23c. DATE SIGNED: 5-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 28, 1952
24c. NAME OF CEMETERY OR CREMATORY: McLains Cemetery
24d. LOCATION (City, town, or county) (State): Oriole, Missouri

DATE REC'D BY LOCAL REG.: 6-2-52
REGISTRAR'S SIGNATURE: 44-0 C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: Edward L. Thomas
ADDRESS: Cape Gir, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. McDonald

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 Harold P. Hanson

Licensed Embalmer No. 4132

P. O. Address Cape Elizabeth, Me.

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.