

FILED NOV 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35844

07810

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>Remick</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Remick</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hays</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hosp</u>		d. STREET ADDRESS <u>Route 3</u>	
3. NAME OF DECEASED a. (First) <u>Simpson</u> b. (Middle) _____ c. (Last) <u>Willis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-26-52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Cal</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>4-11-1913</u>
9. AGE (In years last birthday) <u>39</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Grenada Miss</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Henry Willis</u>		13b. MOTHER'S MAIDEN NAME <u>Willie Lee Parker</u>	14. NAME OF HUSBAND OR WIFE <u>Ahissie Willis</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS. <u>Ahissie Willis Steele Mo R 3</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GUN SHOT WOUND OF</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Abdomen</u> DUE TO (c) <u>DEAD ON ARRIVAL AT</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>hospital</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E981X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>homicide</u>
22. I hereby certify that I attended the deceased from <u>10-26</u> , 19 <u>52</u> , to <u>10-26</u> , 19 <u>52</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>C. D. Kain</u>		23b. ADDRESS <u>M.D. Hays, Mo.</u>	23c. DATE SIGNED <u>11-5-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>10-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laure Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Laure Springs Miss</u>
DATE REC'D BY LOCAL REG. <u>11-11-52</u>	REGISTRAR'S SIGNATURE <u>John J. Gorman</u>	406-1	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman and Co. Steele Mo.</u>

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

11-335-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 13 1952

NOV 17 1952

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 *John W German*
Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.