No. 300
10.48

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

FILED NOV 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39746

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 4409 Registrar's No. 221

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newburg 0810
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JIMMIE
b. (Middle): DALE
c. (Last): WILLIS

4. DATE OF DEATH (Month) (Day) (Year): Nov 19 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: Oct 16-1951
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 1, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Waynesville Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Watford
13b. MOTHER'S MAIDEN NAME: Audrey Willis
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Audrey Joan Willis — ADDRESS: Newburg 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) Hydrocephalus, Spina-bifida vera
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Possibly meningitis,
DUE TO (c) general debility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Sinca birth

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 751 X
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* birth Oct 16, 1951, *to* Nov 19, 1952, *that I last saw the deceased alive on* Nov 17, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard E. Myers D.C.
23b. ADDRESS: Newburg, Mo.
23c. DATE SIGNED: Nov 19, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Newburg
24d. LOCATION (City, town, or county) (State): Newburg Mo

DATE REC'D BY LOCAL REG.: Nov. 20, 1952
REGISTRAR'S SIGNATURE: Nadine L. Stoll 380-C
25. FUNERAL DIRECTOR'S SIGNATURE: Lee Johnson — ADDRESS: Newburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

County Health Officer,

County File Number

Date Filed Nov. 25, 1972

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by .....

working under my personal supervision.

Student Embalmer No. .....

Signed Lee Johnson

Signed .....
Student Embalmer

Licensed Embalmer No. 3392

P. O. Address Newburg 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.