

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17169

State File No. ....

FILED MAY 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 537

1. PLACE OF DEATH a. COUNTY <u>Buchanan 0117,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan 0117</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>902 E. Lake Blvd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>902 E. Lake Blvd.</u>		e. STREET ADDRESS (If rural, give location) <u>902 E. Lake Blvd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>KAY</u>	b. (Middle)	c. (Last) <u>WILLS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 4, 1953</u>
--	-------------	------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 3, 1866</u>	9. AGE (In years last birthday) <u>87</u>	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) <u>Bricklayer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Taylor County, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	-----------------------------------	--	---

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mary A. Wills</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. <u>Unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Wills, College Springs, Iowa</u>	ADDRESS
--	-------------------------------------	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH  <u>3 weeks</u> <u>25 yrs</u> <u>LI</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis &amp; Hypertension</u> DUE TO (c) <u>Nephrosis</u>		
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>446X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Apr 17, 1953, to May 4, 1953 that I last saw the deceased alive on May 3, 1953 and that death occurred at 1:49 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. E. Zocher D.O.</u>	(Degree or title)	23b. ADDRESS <u>322 Illinois Ave., City</u>	23c. DATE SIGNED <u>5-6-53</u>
---	-------------------	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>May 6, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Villisca Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Villisca, Iowa</u>
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>May 9, 1953</u>	REGISTRAR'S SIGNATURE <u>Kether M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Barry St Joseph Mo.</u>	ADDRESS
---	--	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.