

FILED JUN 15 1953

STANDARD CERTIFICATE OF DEATH

State File No. 19134

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY OR TOWN Farmington RURAL St. Francois	c. LENGTH OF STAY (in this place) 1y; 6m; 21das.	c. CITY (If outside corporate limits, write RURAL and give township) d. TOWN Cape Girardeau	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri State Hospital No. 4		d. STREET ADDRESS (If rural, give location) 434 a Broadway and Middle	

3. NAME OF DECEASED (Type or Print)	a. (First) SYLVESTER	b. (Middle) WILLIAM	c. (Last) WILLA	4. DATE OF DEATH (Month) (Day) (Year) June 8, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 27, 1900	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Days 2	IF UNDER 12 HRS. Mins. 12
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming and other common labor.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Whitewater, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Christ A. Willa	13b. MOTHER'S MAIDEN NAME Anna A. Brennecke	14. NAME OF HUSBAND OR WIFE Lola Howard
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records, State Hospital No. 4, Farmington, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) First, second, and third degree burns (3-1-53) of legs, buttocks, feet, and back - - -		
	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 Psychosis with syphilitic meningo-encephalitis Conditions contributing to the death but not related to the disease or condition causing death. (general paresis).			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov. 17, 1951, to June 8, 1953, that I last saw the deceased alive on June 8, 1953, and that death occurred at 6:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS State Hospital No. 4, Farmington, Mo	23c. DATE SIGNED 6-8-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 10, 1953	24c. NAME OF CEMETERY OR CREMATORY Zion Methodist	24d. LOCATION (City, town, or county) (State) Gordonville, Missouri
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DATE REC'D BY LOCAL REG. June 8, 1953	REGISTRAR'S SIGNATURE Esther B. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Haman Funeral Home, Cape Girardeau, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 30 1955

JUN 24 1953

RECEIVED

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 Paul K. Deegal

Licensed Embalmer No. 4120

P. O. Address Farmington Me.

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

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