

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1165

State File No.

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Howell					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains, Rover Rt		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains, Rover Rt		0460			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) Rover Rt					
3. NAME OF DECEASED (Type or Print) a. (First) Stonewall J. Willard b. (Middle) d c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 9 June 1954						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 7th., 1878		9. AGE (In years last birthday) 75	UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.		
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) Oregon Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME JAS. WILLARD			13b. MOTHER'S MAIDEN NAME SARAH COLLIOTT		14. NAME OF HUSBAND OR WIFE RHODA WILLARD				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) X		16. SOCIAL SECURITY NO. 500-05-7953		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rhoda Willard, West Plains, Mo. RFD					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - just Anterior (b) Left Ext. Ear. Otitis (c) Anemia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		1991			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 26 Nov 1953 , to 9 Jan 1954 , that I last saw the deceased alive on 26 Nov 1953 , and that death occurred at 12:08 m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Robertson				23b. ADDRESS West Plains, Mo		23c. DATE SIGNED 13 Jan 54.			
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 1-4-54		24c. NAME OF CEMETERY OR CREMATORY Francis Cemetery		24d. LOCATION (City, town, or county) (State) West Plains, Mo			
DATE REC'D BY LOCAL REG. 2-12-54		REGISTRAR'S SIGNATURE Beatrice Cook		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robertsons, West Plains, Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

FEB 19 1954

MAY 7 1954

STATEMENT BY LICENSED EMBALMER

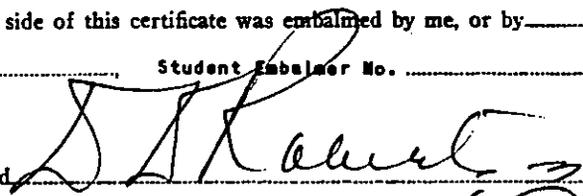
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 34372

P. O. Address West Plains

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.