No. 300
10.48

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

FILED FEB 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5438

BIRTH NO. 124 REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 3042 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FREDERICKTOWN
c. LENGTH OF STAY (In this place): 17 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 502 N. MINE LA MOTTE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MADISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FREDERICKTOWN 0624
d. STREET ADDRESS (If rural, give location): 502 N. MINE LAMOTTE

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): —
c. (Last): VILLARS

4. DATE OF DEATH (Month) (Day) (Year): FEB. 5, 1954

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 4, 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 11, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER - SCHOOL TEACHER RETIRED
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MINE LA MOTTE, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: LOUIS VILLARS
13b. MOTHER'S MAIDEN NAME: LAURA MADISON
14. NAME OF ~~HUSBAND OR~~ WIFE: ANNIE VILLARS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: ANNIE VILLARS — ADDRESS: FREDERICKTOWN, MO.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Chronic hypertensive cardiovascular heart disease — 1 Year

DUE TO (c):

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:
4222
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* 11/30, 1954, *to* 2/2, 1954, *that I last saw the deceased alive on* 2/2, 1954, *and that death occurred at* 7:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Marion Goodman (Degree or title): M.D.
23b. ADDRESS: Fredericktown Mo
23c. DATE SIGNED: 2/8/54

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): BURIAL
24b. DATE: 2/8/54
24c. NAME OF CEMETERY ~~OR CREMATORY~~: GREENWOOD CEMETERY
24d. LOCATION (City, town, or county) (State): MADISON COUNTY, MO.

DATE REC'D BY LOCAL REG.: Feb. 15-1954
REGISTRAR'S SIGNATURE: Florence Fisher 187
25. FUNERAL DIRECTOR'S SIGNATURE: W. Adamson
ADDRESS: FREDERICKTOWN MO.

(Licensed Embalmer's Statement on Reverse Side)

MADISON COU
FREDERICKTOWN, MO.
RECEIVED
3 1954
FILE No. 254-9

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 Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown, M

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

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