

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26387

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 967

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>4 Yrs</u>	c. CITY OR TOWN <u>St. Joseph</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2603 1/2 Frederick Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PERCY</u> b. (Middle) <u>BARNEY</u> c. (Last) <u>WILLITS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 5th 1954</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>October 25-1893</u>		9. AGE (In years last birthday) <u>60Yrs</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Groton, South Dakota</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Barney Willits</u>		13b. MOTHER'S MAIDEN NAME <u>Effie June Crannell</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Willits</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>44-05-7086</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrtle Willits, (wife)</u> ADDRESS <u>2603 1/2 Fred Ave</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>approx 1 hr</u> ANTECEDENT CAUSES DUE TO (b) <u>Diabetes mell + arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma, ascending colon</u>			
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260xH</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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 9-1, 1954, to 9-4, 1954, that I last saw the deceased alive on 9-4, 1954, and that death occurred at 12:15pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold J. Brannon MD</u> (Degree or title)		23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>9-6-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)		24b. DATE 19 <u>54</u> <u>September 9th</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>Sept 9, 1954</u>		REGISTRAR'S SIGNATURE <u>Bethen M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoffer</u> ADDRESS <u>St. Joseph, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 22 1957

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.....
Signature of Student Embalmer

Signed *Raymond W. Marek*

Licensed Embalmer No. *44*

P. O. Address *Superior*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.