

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33763**

FILED NOV 15 1954

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>5562</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arcadia, Rural Arcadia</u>		c. LENGTH OF STAY (In this place) <u>8/Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granite City</u>		8/20 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Unk</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Zola</u>		b. (Middle) <u>May</u>		c. (Last) <u>Willer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 26 54</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1/7/1897</u>	
9. AGE (In years last birthday) <u>57</u>		10. MONTHS <u>9</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jerome Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Jerome Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.A.</u>	
13a. FATHER'S NAME <u>unk</u>		13b. MOTHER'S MAIDEN NAME <u>Tonitha Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Truman Willer Decease</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, of unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unk</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nancy Stephens Arcadia RR. #1</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		DUPLICATE OF (b) <u>Myocarditis</u>				I Year	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE OF (c) _____				_____	
19. DATE OF OPERATION <u>Nov 15 1954</u>		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) <u>4201</u>		_____	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>10/26</u> , 19 <u>54</u> , and that death occurred at <u>9:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. A. Howell</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Ironton, Mo. 226 N. Main</u>		23c. DATE SIGNED <u>10/27/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/30/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Granite City Ill</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>11/3/54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mercer Funeral Home Granite City Ill.</u>			

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

0-4720

Correct by [Signature]

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1962

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

W. H. Howell

Licensed Embalmer No. 3670

P. O. Address Proctor, Md

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.