

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. **36503**

BIRTH NO. _____ REG. DIST. NO. **34** PRIMARY REG. DIST. NO. **5107** Registrar's No. **103**

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Benton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Benton | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural N. White Township | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural N. White Township | |
| c. LENGTH OF STAY (In this place) 80 years | | d. STREET ADDRESS (If rural, give location) RFD #1, Lonia Mo 680 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION RFD #1, Lonia | | | |

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|---|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) ROSALIE c. (Last) WILLIS | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1954 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | |
| 8. DATE OF BIRTH Feb 24, 1874 | | 9. AGE (In years last birthday) 80 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | |
| 11. BIRTHPLACE (City and State or Foreign Country) Benton County, Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME John W. Willis | | 13b. MOTHER'S MAIDEN NAME Maria Louisa Blanchard | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edith Willis, Lonia 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Congestive heart failure DUE TO (c) Senility | | | INTERVAL BETWEEN ONSET AND DEATH 1 year 5 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|--|--|--|--|--|--|
| 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) | |
| 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? | |

22. I hereby certify that I attended the deceased from **Sept 1954**, to **Nov 5, 1954**, that I last saw the deceased alive on **Nov 1, 1954** and that death occurred at **5:00 p.m.**, from the causes and on the date stated above.

| | | | | | |
|--|--|----------------------------------|--|---|--|
| 23a. SIGNATURE Harold P. Wacker (Degree or title) | | 23b. ADDRESS Cole Camp Mo | | 23c. DATE SIGNED 11/9/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11-8-54 | | 24c. NAME OF CEMETERY OR CREMATORY Cole Camp | |
| 24d. LOCATION (City, town, or county) (State) Cole Camp, Missouri | | | | | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. Nov 18 1954 | | REGISTRAR'S SIGNATURE E. L. Eickhoff 394 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Huston-Turner Undertaker, Mo | |
|---|--|---|--|--|--|

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

FEB 3 1956

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 William M. Turner

Licensed Embalmer No. 46,783

P. O. Address Windsor, Me

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.