

FILED FEB 24 1955

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4375**

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5391 Registrar's No. 10

330
1

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

1. PLACE OF DEATH a. COUNTY <u>Dent</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DENT</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Texas typ</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>	c. CITY OR TOWN <u>Montauk</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XX</u>			e. STREET ADDRESS (If rural, give location) <u>X</u> <u>0330</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>William</u> c. (Last) <u>Willis</u>		4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>26</u> (Year) <u>1955</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>Jan 1st 1882</u>	9. AGE (In years last birthday) <u>73</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>general</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Shannon Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>G W Willis</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>Easter Willis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Easter Thompson Willis</u> ADDRESS _____		
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) <u>myocardial degeneration</u> ANTECEDENT CAUSES <u>cardiovascular renal disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/2 X</u>				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) _____	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 <u>1949</u> , 19 <u>55</u> to <u>1-26</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-25</u> , 19 <u>55</u> , and that death occurred at <u>1:15 p.m.</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>J. D. Luc. J. J. J.</u> (Type or Print)		23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>1-31-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Jan 31-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Corinth Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Salem Dent Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-31-55</u>	REGISTRAR'S SIGNATURE <u>Dr. M. Hart, Dr. O. J. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____			

46 5 8 8

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.....
[Handwritten Signature]

Licensed Embalmer No. *237*

P. O. Address *[Handwritten Address]*

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.