

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11426

State File No.

FILED APR 19 1955

BIRTH NO. _____		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>5351</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DALLAS</u> c. CITY OR TOWN <u>Celt</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Celt</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u>		c. CITY OR TOWN <u>Celt</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				e. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>		b. (Middle) <u>A</u>		c. (Last) <u>Willis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 2 55</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>Dec 16 1879</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>16</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas County</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John D Willis</u>		13b. MOTHER'S MAIDEN NAME <u>ANN Cowell</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Willis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ida Willis</u>		ADDRESS <u>Celt, Mo.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of gall bladder & liver</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES 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. _____					
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) (Min.)		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>2-5, 1955</u> , to <u>4-2, 1955</u> , that I last saw the deceased alive on <u>3-10, 1955</u> , and that death occurred at <u>12:25A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. A. P. Krauss</u>				23b. ADDRESS <u>P.O. 21 Lebanon, Mo.</u>		23c. DATE SIGNED <u>4/11/55</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-4-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>A. B. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Celt, (Dallas Co) Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-14-55</u>		REGISTRAR'S SIGNATURE <u>W. P. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Jones</u> ADDRESS <u>Buffalo, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 21 195

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..... *Morris B. Jones*

Licensed Embalmer No. *4322*

P. O. Address... *Buffalo, N.Y.*

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.