FILED APR 18 1955

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14048

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3118

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

1. PLACE OF DEATH
a. COUNTY: St Louis Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo
c. LENGTH OF STAY (in this place): 25 1/2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis Children's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Franklin
c. CITY OR TOWN: West Frankfort
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): RR #2 8120 8

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Brent c. (Last) Willmore
4. DATE OF DEATH (Month) (Day) (Year): 4-5-55
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: 9-15-47
9. AGE (In years last birthday): 7 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): West Frankfort Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Byford O. Willmore
13b. MOTHER'S MAIDEN NAME: Helen Jones
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: J. Egan 500 So. Kings Highway 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerulonephritis - Uremia. — 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 ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 592 X

22. *I hereby certify that I attended the deceased from* 3-10, 1955, *to* 4-5, 1955, *that I last saw the deceased alive on* 4-5, 1955, *and that death occurred at* 4:57 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Don L Thurston (Degree or title) MD
23b. ADDRESS: St. Louis Children's Hosp.
23c. DATE SIGNED: 4-6-55

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 4-6-55
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): West Frankfort, Ill.

DATE REC'D BY LOCAL REG.: APR 7 1955
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. G.P.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Stone, West Frankfort, Ill.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bill C. Drans

Licensed Embalmer No. 47

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.