

STANDARD CERTIFICATE OF DEATH

State File No. 29114

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 498

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CARTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>POPLAR BLUFF</u>	c. LENGTH OF STAY (in this place) <u>30 YRS</u>	c. CITY OR TOWN <u>VAN BUREN</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>POPLAR BLUFF HOSP.</u>		f. STREET ADDRESS (If rural, give location) <u>GON DELIVERY</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>T.</u> c. (Last) <u>WILLARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 29 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>OCT 20 1879</u>
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min. <u>75</u>
11a. BIRTHPLACE (City and State or Foreign Country) <u>LOUISIA CO. IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>WILLIAM WILLARD</u>	13b. MOTHER'S MAIDEN NAME <u>ANNETTA FULKER</u>	14. NAME OF HUSBAND OR WIFE <u>MYRTLE WILLARD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>TARA WILLARD BONNETT 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Surgical Shock</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) <u>Trauma</u>		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured right femur</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Amputation left leg</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, in motor street, office bldg., etc.) <u>Street</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Van Buren Carter Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-27-55 7P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hit by auto while</u>

22. I hereby certify that I attended the deceased from 8-27 1955 to 8-29, 1955, that I last saw the deceased alive on 8-29, 1955, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. ...</u>	23b. ADDRESS <u>Poplar Bluff, Mo</u>	23c. DATE SIGNED <u>9-3-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-31-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren Center</u>
24d. LOCATION (City, town, or county) (State) <u>Van Buren MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. ...</u>	
DATE REC'D BY LOCAL REG. <u>9/8/55</u>	REGISTRAR'S SIGNATURE <u>...</u>	

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

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.....
Allen C. McFadden

Licensed Embalmer No. *154*

P. O. Address *Thru Bank*

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.