

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32512

FILED OCT 24 1955

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4887 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>	
b. CITY OR TOWN <u>Van Buren</u>	c. LENGTH OF STAY (in this place) <u>2 1/2 mo.</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>Residence</u>		f. STREET ADDRESS (If rural, give location) <u>General Delivery</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MIRTIE</u>	b. (Middle) <u>IWA</u>	c. (Last) <u>WILLARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 27, 1880</u>	9. AGE (In years last birthday) <u>75</u> 10. UNDER 1 YEAR <u>3</u> 11. UNDER 1 MONTH <u>3</u> 12. UNDER 1 WEEK <u>3</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Ottawa Co. Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Henry T. Willard Dec'd</u>
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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 <u>John H. Willard</u> ADDRESS <u>Bonneton Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>18 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hepatic Carcinoma</u> DUE TO (c) <u>1561</u>		
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 type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Aug. 12, 1955, to Sept 27, 1955, that I last saw the deceased alive on Sept 27, 1955, and that death occurred at 1:10 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank J. Rucinski D.O.</u>	23b. ADDRESS <u>Van Buren, Mo.</u>	23c. DATE SIGNED <u>10-20-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-30-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Van Buren Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 20 55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Deta Henson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. W. Spalden</u> ADDRESS <u>Van Buren, Mo.</u>
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WRITE PLAINLY—USING UNFADING 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. McQueen

Licensed Embalmer No. *454*

P. O. Address *Van Buren*

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.