

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36314**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>CLINTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CLINTON</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>PLATTSBURG</b> )	c. LENGTH OF STAY (In this place) <b>7 YRS</b>	c. CITY OR TOWN <b>PLATTSBURG</b>	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 <b>NONE</b>		STREET ADDRESS (If rural, give location) <b>NONE</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>SAMUEL</b>	b. (Middle) <b>T.</b>	c. (Last) <b>WILLS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 18, 1955</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT 29, 1870</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED CONTRACTOR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>CARPENTRY</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>TURNERY Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>JOHN T. WILLS</b>	13b. MOTHER'S MAIDEN NAME <b>MARGARET SCANLON</b>	14. NAME OF HUSBAND OR WIFE <b>NETTIE WILLS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>487-12-286A</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>NETTIE WILLS, PLATTSBURG, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crownary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 Hrs</b>
	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.		<b>4301</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **Nov 17, 1955**, to **Nov 18, 1955**, that I last saw the deceased alive on **Nov 17, 1955**, and that death occurred at **11 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M. Baldino MD</b> (Degree or title)	23b. ADDRESS <b>Plattsburg Mo</b>	23c. DATE SIGNED <b>Nov 20 55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>11-18-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CROWN HILL</b>	24d. LOCATION (City, town, or county) (State) <b>Excelsior Springs, Mo.</b>
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DATE REC'D BY LOCAL REG <b>Nov 21-55</b>	REGISTRAR'S SIGNATURE <b>Elizabeth Scarsellone</b>	441	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Richard Excelsior Springs Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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0250

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 *Lundell J. Jaman* .....

Licensed Embalmer No. *458*  
P. O. Address *Excelsior Springs, Mo.*

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.