

DO NOT WRITE
ON THIS STUB

FILED MARCH 2, 1983

REGISTRATION DISTRICT NO. 292

PRIMARY REGISTRATION DISTRICT NO.

REGISTRAR'S NO.

2 1
4 1
5A (Type of Units) 082
7B 3655
7C 90001
8 29
10 2
12 2
14 010-473
15A 29
15B 173
15C & E 36551
15D
21A 1
24A 0
25
26 7999
26
26
26
26
27 2
29A-F
29G-ST
29G-CO
29G-CY

Filed on the basis of a court order from the Circuit Court of Ralls Co. 2-25-83

VS 300
Rev. 1/78

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION,
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATHTYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT-NAME FIRST LUTHER		MIDDLE MARTIN		LAST WILLIS		SEX 2. Male	DATE OF DEATH (Mo., Day, Yr.) 3. March 3, 1955
RACE--(e.g., White, Black, American Indian, etc.) (Specify) 4. White		AGE--Last Birthday 5a. 82	UNDER 1 YEAR MOS. 5b.	UNDER 1 DAY HOURS 5c.	MINS.	DATE OF BIRTH (Mo., Day, Yr.) 6. December 22, 1872	
CITY, TOWN OR LOCATION OF DEATH 7b. Rensselaer				HOSPITAL OR OTHER INSTITUTION--Name (If not in either, give street and number) 7c. Home			
STATE OF BIRTH (If not in U.S.A., name country) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Widowed		SURVIVING SPOUSE (If wife, give maiden name) 11.	
SOCIAL SECURITY NUMBER 13.		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Farmer-Retired		KIND OF BUSINESS OR INDUSTRY 14b.			
RESIDENCE--STATE 15a. Missouri		COUNTY 15b. Ralls		CITY, TOWN OR LOCATION AND ZIP CODE 15c. Rensselaer, 63401		STREET AND NUMBER 15d.	
INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes		FATHER-NAME FIRST MIDDLE LAST 16. James S. Willis		MOTHER-MAIDEN NAME FIRST MIDDLE LAST 17. Dowell, Angeline Willis			
INFORMANT--NAME (Type or Print) 18a. Mrs. Albert Shoemyer		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. Rensselaer, Missouri 63401					
BURIAL, CREMATION, REMOVAL, OTHER (Specify) DATE 19a. Burial-March 7, 1955		CEMETERY OR CREMATORY-NAME 19b. Grandview Burial Park		LOCATION CITY OR TOWN STATE 19c. Hannibal, Missouri			
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) NUMBER 20a. Harold M.O'Donnell		NAME OF FACILITY 20b. James O'Donnell Funeral Home		ADDRESS OF FACILITY 20c. Hannibal, Missouri			
REGISTRAR 21a. (Signature) Deceased		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 21b.					
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Robert J. Lanning, M.D. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH Deceased 22b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 22d. Robert J. Lanning, M.D. (Deceased)		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Deceased DATE SIGNED (Mo., Day, Yr.)		23c. HOUR OF DEATH 23b. PRONOUNCED DEAD (Mo., Day, Yr.) 23d. ON 23e. AT	
24a. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) 115 No. 5th St., Hannibal, Missouri		MO. LICENSE NO. 24b.		IF HOSP OR INST. Indicate DOA, OP/Emer, Rm., Inpatient (Specify) 25. Home			
PART I 26. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)		Interval between onset and death		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 27. No		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) 28.			
ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 29a.		DATE OF INJURY (Mo., Day, Yr.) 29b.		HOUR OF INJURY 29c. M		29d. DESCRIBE HOW INJURY OCCURRED	
INJURY AT WORK (Specify Yes or No) 29e.		PLACE OF INJURY--At home, farm, street, factory, office building, etc. (Specify) 29f.		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 29g.			
IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 30. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK							

3-2-83

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 Harold M.O'Donnell-Deceased

Licensed Embalmer No. _____

P. O. Address _____

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.