

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11993**

FILED APR 10 1956

BIRTH NO. _____		REG. DIST. NO. 322		PRIMARY REG. DIST. NO. 3071		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo b. COUNTY Saline			
b. CITY OR TOWN Slater		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Slater		d. STREET ADDRESS (If rural, give location) Lincoln St. 970	
d. FULL NAME OF HOSPITAL OR INSTITUTION none				3. NAME OF DECEASED a. (First) Henry b. (Middle) Claude c. (Last) Willis			
4. DATE OF DEATH (Month) (Day) (Year) 4 5 56		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug. 9-1888		9. AGE (in years last birthday) 70		IF UNDER 1 YEAR 126 Hours		IF UNDER 1 Mth. _____ Mth.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Saline Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Henry Willis		13b. MOTHER'S MAIDEN NAME Mollie Davis		14. NAME OF HUSBAND OR WIFE widowed			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME Della Mae Cramer 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Ischemia. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Angina Pectoris DUE TO (c) Arteriosclerosis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Thrombosis.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201					
22. I hereby certify that I attended the deceased from Dec 19, 1952 , to Apr 5, 1956 , that I last saw the deceased dying on April 3, 1956 , and that death occurred at 1:45 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE Edna Mae Kerron (Degree or title) D.C.				23b. ADDRESS 321 N Broadway.		23c. DATE SIGNED Apr 6, 1956	
24a. BURIAL, CREMATION, REMOVAL Burial		24b. DATE 4-7-56		24c. NAME OF CEMETERY OR CREMATORY Slater City Cemetery		24d. LOCATION (City, town, or county) (State) Slater Saline Mo	
DATE REC'D BY LOCAL REG. 4/7/56		REGISTRAR'S SIGNATURE Ms. Carl C. Metz		25. FUNERAL DIRECTOR'S SIGNATURE Hill Brothers ADDRESS Slater Mo			

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed *Sam M Hill*

Licensed Embalmer No. *1292*

P. O. Address *Slater 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 this body is not embalmed, fact should be so stated above.