

FILED MAY 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5712 14082

State File No.

BIRTH NO.

REG. DIST. NO. 232

PRIMARY REG. DIST. NO. 231

Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural - Prairie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Prairie	
c. LENGTH OF STAY (in this place) 48 years		d. STREET ADDRESS (If rural, give location) 2 mile East of Middletown	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mile east of Middletown		3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HERMAN c. (Last) WILLE	
4. DATE OF DEATH (Month) (Day) (Year) Apr. 23 1956		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Apr. 30 1870	
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR (Month) (Day) (Hours) (Min.) 11 24		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	
11. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME William Wille	
13b. MOTHER'S MAIDEN NAME Carolina Quade		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME William Wille ADDRESS Wellsville Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 hrs.	
ANTECEDENT CAUSES (b) Sclerosis			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c)			
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 checked="" 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) (Min.)		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 April 1, 1956 to April 23, 1956 , that I last saw the deceased alive on April 16, 1956 , and that death occurred at 6:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Willis H. Walla M.D.		23b. ADDRESS Wellsville Mo	
23c. DATE SIGNED 4/23/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/25/56	
24c. NAME OF CEMETERY OR CREMATORY Vest Prairie Cemetery		24d. LOCATION (City, town, or county) (State) East of Middletown, Mo	
DATE REC'D BY LOCAL REG. 4/26/56		REGISTRAR'S SIGNATURE Mrs. Zora Chapman	
25. FUNERAL DIRECTOR'S SIGNATURE M. B. Wells ADDRESS Wellsville Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

Student Embalmer

Signed _____

Licensed Embalmer No. 1588

P. O. Address Hellerville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.