

FILED NOV 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33410

STATE FILE NUMBER

Registration District No. 69 Primary Registration District No. 4121 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <b>Christian</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Billings</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Billings</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>			Length of stay in lb <b>6 Years</b>		d. STREET ADDRESS (If outside, give location) <b>No Street Address</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>ARTHUR</b> Last <b>WILLIS</b>				4. DATE OF DEATH <b>Nov. 1, 1956</b> Month <b>Nov.</b> Day <b>1</b> Year <b>1956</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July 27, 1880</b>		9. AGE (In years last birthday) <b>76</b> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant &amp; Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>		11. BIRTHPLACE (City and state or country) <b>Bedford, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>John A. Willis</b>				14. MOTHER'S MAIDEN NAME <b>Elizabeth Tarman</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Route #1, Mrs. Thelma Mathews, Brookline, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gastric hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Gastric ulcer</b> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>5400</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>January 1950</b> to <b>November 1956</b> and last saw <sup>her</sup> him alive on <b>1 Nov 56</b> Death occurred at <b>8:20</b> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Karl J. Leidinger, M.D.</b>				22b. ADDRESS <b>Republic, Mo.</b>		22c. DATE SIGNED <b>5 Nov 56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11/3/1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Republic, Missouri</b>		
24. FUNERAL DIRECTOR <b>Gileam Harris</b>			ADDRESS <b>Clever, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 8, 1956</b>	26. REGISTRAR'S SIGNATURE <b>Olive Hutter</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Health, Welfare, Public Service

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(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *John Alan Harris*  
Licensed Embalmer No..... 4  
P. O. Address..... *Cleveland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.