Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1957

42011
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 204

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 744 S. Washington — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Lebanon 0582 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 744 S. Washington — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Fern Middle Ellwood Last Willard
4. DATE OF DEATH Month Dec. Day 27 Year 1956
5. SEX M
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 10 1898
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months 7 Days 17 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker
10b. KIND OF BUSINESS OR INDUSTRY Bank
11. BIRTHPLACE (City and state or country) Lynchburg Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Fred D. Willard
14. MOTHER'S MAIDEN NAME Lulie Detweiler
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. —
17. INFORMANT Address Mrs. Bertha Willard Lebanon Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH 45 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 12-27-56 to 12-27-56 and last saw him alive on 12-27-56
Death occurred at 4 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. Summerskill
22b. ADDRESS Lebanon MO
22c. DATE SIGNED 12-30-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/30/56
23c. NAME OF CEMETERY OR CREMATORY Mt Rose Cemetery
23d. LOCATION (City, town, or county) (State) Lebanon, Mo.

24. FUNERAL DIRECTOR ADDRESS Holman Lebanon Mo.
25. DATE RECD. BY LOCAL REG. 12-30-1956
26. REGISTRAR'S SIGNATURE Wella L. Day

(Licensed Embalmer's Statement on Reverse Side)

24-0

Received 1-7-57
Laclede County Health Unit
File No. 204
Date Filed 1-7-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 42

P. O. Address Lebanon

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.