

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4439

State File No. ....

BIRTH NO. .... REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>36 hrs.</u>	c. CITY OR TOWN <u>Laredo</u> <u>0400</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hospital</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) <u>Albert</u>	a. (First)	b. (Middle)	c. (Last) <u>Willis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 25 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 7 1880</u>	9. AGE (In years) (last birthday) <u>76</u>	if UNDER 1 YEAR Months <u>7</u> Days <u>18</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Grundy County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert Willis</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Callihan</u>	14. NAME OF HUSBAND OR WIFE <u>Ira Willis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dean Willis</u>	ADDRESS <u>Trenton</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u></u>		<u>1 year</u>
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"/>
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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) <u>331X</u> <u></u> <u>2</u>
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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?
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22. I hereby certify that I attended the deceased from Jan 21, 1957, to Jan 25, 1957, that I last saw the deceased alive on Jan 21, 1957, and that death occurred at 11:00 am., from the causes and on the date stated above.

23a. SIGNATURE <u>E.A. Duffy M.D.</u>	(Degree or title)	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>Jan 25 1957</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 27 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Johnston town Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>G31T</u> <u>Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-27-57</u>	REGISTRAR'S SIGNATURE <u>Dorene Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.O. Robertson</u>	ADDRESS <u>Funeral Home Laredo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *J. M. Robertson*.....

Licensed Embalmer No. *4388*.....

P. O. Address *Laredo, Tex.*.....

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.