

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14177**

FILED APR 29 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **209**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. CITY OR TOWN <b>Sedalia</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>3 months</b>		e. STREET ADDRESS (If rural, give location) <b>1420 East 6th 0809</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sedalia Rest Home 711 N. Missouri</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HATTIE</b> b. (Middle) _____ c. (Last) <b>WILLS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 - 19 - 57</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>June 22, 1879</b>		9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Henry County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Elisha Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Averilla Foster</b>		14. NAME OF HUSBAND OR WIFE <b>C.G. Wills</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give year or date of service) _____		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>G.H. Wills, 1712 E. 7th, Sedalia, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intestinal Obstruction &amp; Grogginess of bowels</b>		DUE TO (b) <b>Intestinal Adhesions</b>		<b>3 days</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Abdominal surgery</b>		<b>2 yrs.</b>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <b>senility</b>				<b>2 yrs ago</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) <b>5705</b>	
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?	

22. I hereby certify that I attended the deceased from **July 7, 1954, to Apr. 19, 1957**, that I last saw the deceased alive on **4/19/57**, 1957, and that death occurred at **5:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. L. Holden M.D.</b>		23b. ADDRESS <b>1116 W. 3rd Sedalia Mo</b>		23c. DATE SIGNED <b>4/19/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/22/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland Memorial Gardens Sedalia Mo.</b>	
24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>4-22-57</b>		REGISTRAR'S SIGNATURE <b>Frances Shelby</b>		25. GENERAL DIRECTOR'S SIGNATURE <b>Frances Shelby</b> ADDRESS <b>Sedalia, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5410

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 *Shane Ewing*.....

Licensed Embalmer No. *3847*.....

P. O. Address *Seaside, Md.*.....

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.