

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021649
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 582D

300
-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Mo.		c. CITY OR TOWN Ash Grove, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield Baptist Hosp		d. STREET ADDRESS (If outside, give location) Crookham St	
3. NAME OF DECEASED (Type or print) First Middle Last Grace E Willis		4. DATE OF DEATH Month Day Year June 4, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH April 11, 1892
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeping	11. BIRTHPLACE (City and state or country) Greene County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeping		10b. KIND OF BUSINESS OR INDUSTRY Public Works	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME J.B. Johnson		13b. MOTHER'S MAIDEN NAME Sarah Pierce	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 448-26-0598	17. INFORMANT Address Mrs. Wendle B. Davis Willard, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Ventricular Fibrillation DUE TO (b) Advanced Coronary Artery Insufficiency DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Left Peritonsillar abscess			19. INTERVAL BETWEEN ONSET AND DEATH 4201
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 4 June 1958 to only and last saw her/him alive on 4 June 1958 Death occurred at 1:00 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Stanley A. Peterson MD		22b. ADDRESS Springfield Mo	
		22c. DATE SIGNED 6 June 58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 7, 1958	
23c. NAME OF CEMETERY OR CREMATORY Hopewell		23d. LOCATION (City, town, or county) (State) R.F.D. Everton Mo.	
24. FUNERAL DIRECTOR J.W. Buck		25. DATE RECD. BY LOCAL REG. 6-9-58	
ADDRESS Ash Grove, Mo		26. REGISTRAR'S SIGNATURE Effie G. Melton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 8 7 1958

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 *Richard E. Watts*

Licensed Embalmer No. *4652*
P. O. Address *Ash Grove, W.*

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.