

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035057  
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2525

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Breckenridge Hills</b>		c. CITY OR TOWN <b>Breckenridge Hills</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3009 Quiet Lane</b>		d. STREET ADDRESS (If outside, give location) <b>3009 Quiet Lane</b>	
Length of stay in 1b <b>1 mo.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Iva</b> Middle <b>Pearl</b> Last <b>Willson</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>30</b> Year <b>1958</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 24, 1899</b>	9. AGE (In years last birthday) <b>59</b>	FUNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>teacher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Schools</b>	11. BIRTHPLACE (City and state or country) <b>Rolla, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Erastus Jackson</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Underwood</b>	14. NAME OF HUSBAND OR WIFE <b>John Willson</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT Address <b>Jack Yelton, 3009 Quiet Lane</b>
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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>Carcinomatosis Diffuse.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yrs</b>
DUE TO (b) <b>Ovaria Carcinoma Primary</b>		
DUE TO (c) <b>1950</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour <b>0</b> a.m. <b>0</b> p.m.	20d. INJURY OCCURRED WHILE AT <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 <b>Rolla, Mo.</b>	COUNTY <b>Mo.</b> STATE <b>Mo.</b>
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21. I attended the deceased from <b>1957</b> to <b>1958</b> and last saw her/him alive on <b>Aug 58</b> Death occurred at <b>7 pm Sept 30 1958</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22. SIGNATURE (Degree or title) <b>Ernest E. Lennell, M.D.</b>	22b. ADDRESS <b>453 W. Taylor Ave</b>	22c. DATE SIGNED <b>Oct 1, 1958</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10-1-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	23d. LOCATION (City, town, or county) (State) <b>Rolla, Mo.</b>
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24. FUNERAL DIRECTOR <b>Albert H. Hoppe, 4700 Washington Blvd.</b>	25. DATE RECD. BY LOCAL REG. <b>10-1-58</b>	26. REGISTRAR'S SIGNATURE <b>Wesley R. Bomke M.D.</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

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 Elmer R. Sadwell

Licensed Embalmer No. 4077

P. O. Address St. Louis

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.