

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009248
STATE FILE NUMBER

FILED APR 13 1959

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 33

300
-57

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1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural-Arcadia 0470
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION The Home for Aged Baptists		Length of stay in lb byr. 7mo. 6da.	d. STREET ADDRESS (If outside, give location) ADDRESS 1 1/2 mi. E. on Hwy. 70
3. NAME OF DECEASED (Type or print) First Middle Last Martha Susan Willmore			4. DATE OF DEATH Month Day Year March 31, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 29, 1873
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 9 Days 2	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Coldwater, Mo. 6
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME John W. Ellis	
13b. MOTHER'S MAIDEN NAME Mary E. Ellis		14. NAME OF HUSBAND OR WIFE James W. Willmore	
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. none	17. INFORMANT Address Eolores Weiss, Ironton, 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) Carcinoma of breast.			INTERVAL BETWEEN ONSET AND DEATH 1 year
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) 170X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 7-3-57 to 3-31-59 and last saw her/him alive on 3-30-59 Death occurred at 12:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Marvin C. Munn, M.D.		22b. ADDRESS 109 N. Main, Ironton, Missouri	22c. DATE SIGNED 11-3-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-2-59	23c. NAME OF CEMETERY OR CREMATORY COLD WATER CEMETERY	23d. LOCATION (City, town, or county) (State) COLD WATER MO
24. FUNERAL DIRECTOR WHITE FUNERAL HOME		ADDRESS Ironton Mo	25. DATE RECD. BY LOCAL REG. 4-3-59
			26. REGISTRAR'S SIGNATURE Mrs. Anna Jones

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Lyle H. White*

Licensed Embalmer No. *4295*

P. O. Address *Proton*

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.