

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021145
STATE FILE NUMBER

FILED JUL 14 1959

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 78

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Arizona</u> b. COUNTY <u>Fulton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Moko</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial</u>		Length of stay in lb <u>14 hrs</u>	d. STREET ADDRESS (If outside, give location) <u>None</u>
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Ronald Dean Willett</u>			4. DATE OF DEATH Month Day Year <u>July 3-1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 3-1959</u>	
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>14</u> Min. <u>55</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>West Plains, Mo</u>	

13a. FATHER'S NAME <u>Bill Willett</u>	13b. MOTHER'S MAIDEN NAME <u>Bor bore Carr</u>	14. NAME OF HUSBAND OR WIFE <u>None</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 <u>Bill Willett</u>	Address <u>Moko, Arizona</u>
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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) <u>Pulmonary atelectasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Prematurity</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7625</u>		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.) <u>7625</u>	
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 <u>West Plains, Mo</u>	COUNTY <u>Fulton</u>	STATE <u>Ariz</u>
21. I attended the deceased from <u>birth</u> to <u>death</u> and last saw her/him alive on <u>7/3/59</u> Death occurred at <u>1:35 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>M. L. Fowler M.D.</u>	(Degree or title)	22b. ADDRESS <u>West Plains, Mo</u>	22c. DATE SIGNED <u>7/6/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 4-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>State Line</u>	23d. LOCATION (City, town, or county) (State) <u>Moko, Fulton Co, Ariz</u>
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24. FUNERAL DIRECTOR <u>Edward Carter</u>	ADDRESS <u>West Plains, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>7-10-59</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>
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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 ^{not} embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Leland Carter*

Licensed Embalmer No. *4516*

P. O. Address *West Plains*

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.