

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023972

STATE FILE NUMBER

FILED JUL 8 1959

Registration District No.

3-7-8 311

Primary Registration District No.

4500 6285

Registrar's No.

25

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57

1. PLACE OF DEATH a. COUNTY Wright			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright		
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Norwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Norwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Length of stay in lb -----	1148 STREET ADDRESS (If outside, give location) 6		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Loran Middle Cauncey Last Willard			4. DATE OF DEATH Month June Day 29 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 31, 1892		9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Stock		11. BIRTHPLACE (City and state or country) Lexington, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Samuel C. Willard		13b. MOTHER'S MAIDEN NAME Sarah Baydston	
14. NAME OF HUSBAND OR WIFE Mildred Willard		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW# 1		16. SOCIAL SECURITY NO. 494 30 7529	
17. INFORMANT Mrs Mildred Willard Norwood, Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Declatates Mellitus DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X		INTERVAL BETWEEN ONSET AND DEATH 2 days 4 years	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ 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 Wright		20g. COUNTY Wright		20h. STATE Missouri	
21. I attended the deceased from 6-29-59 to 6-29-59 and last saw her/him alive on 6-29-59 Death occurred at 2:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W.C. Craig D.C.		22b. ADDRESS Mountain Grove		22c. DATE SIGNED 7-1-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-2-1959		23c. NAME OF CEMETERY OR CREMATORY McComb Cemetery	
23d. LOCATION (City, town, or county) 3 Mi. W/ Norwood, Missouri		23e. (State) Missouri		24. FUNERAL DIRECTOR Ewell C. Craig	
25. DATE RECD. BY LOCAL REG. 7-3-1959		26. REGISTRAR'S SIGNATURE Bernice R. Liberman		27. (Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

4961 18 7MP

PROVIDE 7-6-59
HEALTH DEPT.

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 *Jewell C. Crow*

Licensed Embalmer No. *4766*
P. O. Address *Mtn Grove*

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.