

JURISDICTION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 21 1959

59-037269

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 57

ENDED

1. PLACE OF DEATH a. COUNTY <u>Ripley</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan Township</u> Length of stay in 1b <u>7 mos.</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 Mi. E. of Doniphan Hwy. 142</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u> c. CITY OR TOWN <u>Doniphan (Rural)</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (if outside, give location) <u>5 Mi. E. of Doniphan, Hwy 142</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>ALBERT</u> Middle <u>WILLMAN</u> Last _____			4. DATE OF DEATH Month <u>Sept.</u> Day <u>20</u> Year <u>1959</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-25-91</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>St. Marys Ridge, Wis. USA</u>			
13a. FATHER'S NAME <u>Jacob Willman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Henn</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie Willman</u>			
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>480-07-7999</u>		17. INFORMANT Address <u>Elsie Willman, Doniphan, Mo.</u>			
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>Coronary Thrombosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>45 min</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
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 _____ to _____ and last saw him alive on _____ Death occurred at <u>10:15 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Ray Means, Coroner</u>			22b. ADDRESS <u>Doniphan, Missouri</u>		22c. DATE SIGNED <u>9-21-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 24, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cath. Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Ripley Co., Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Ray Means, Doniphan, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>10-1-59</u>	26. REGISTRAR'S SIGNATURE <u>Flava Broz</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Ray Meason

Licensed Embalmer No. 3743

P. O. Address Doniphan

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.