

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039771

FILED VS DEC 8 1959 3 3

Registration District No. 8

Primary Registration District No. 3022

Registrar's No. 155

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Length of stay in 1b <u>1 DAY</u>	c. CITY OR TOWN <u>Eagleville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Roid Hosp. & Clinic</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3 mi. S.E. Eagleville</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Ira Nathan Willis</u>			4. DATE OF DEATH Month Day Year <u>Dec 2, 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>Oct 1, 1895</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Harrison Co, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		

13a. FATHER'S NAME <u>Andy Willis</u>		13b. MOTHER'S MAIDEN NAME <u>Arvilla Schoonover</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Willis</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> <u>No</u>		16. SOCIAL SECURITY NO. <u>496-42-2898</u>		17. INFORMANT Address <u>Mrs Bertha Willis, Eagleville, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u>		<u>2 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Passage of Renal Calculus</u>	<u>14 hrs.</u>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Probable Coronary Artery Disease</u>		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	
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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.)	
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 <u>12-1-59</u> to <u>12-2-59</u> and last saw <u>Per</u> him alive on <u>12-2-59</u>	COUNTY	STATE
21. I attended the deceased from <u>7:40 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>B. H. Harvey</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Bethany, Missouri</u>	22c. DATE SIGNED <u>12-4-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 4, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Crematory</u>	23d. LOCATION (City, town, or county) (State) <u>Eagleville, Mo</u>
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24. FUNERAL DIRECTOR <u>Harold W. Baggoss, Eagleville, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 5, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Jella Mayes</u>
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(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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herald W. Bogges

Licensed Embalmer No. 4762

P. O. Address Eagle Mills

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.