URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUN 9 1960

60-020192

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 5808 Registrar's No. 27

ENDED

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bear Creek
Length of stay in 1b: 2 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jonesburg Nursing Home
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Montgomery
c. CITY OR TOWN: Montgomery City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Emma Middle: Emelia Last: Willi
4. DATE OF DEATH: Month: May Day: 27 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-3-1881
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months: 6 Days:
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner of Greenhouse
10b. KIND OF BUSINESS OR INDUSTRY: Greenhouse
11. BIRTHPLACE (City and state or country): Montgomery City, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Herman Willi
13b. MOTHER'S MAIDEN NAME: Sophia Schwendker
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Miss Selma Willi Address: Montgomery City, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Adenocarcinoma of Uterus with Metastasis to abdominal viscera.
INTERVAL BETWEEN ONSET AND DEATH: 3 yrs
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): Senility
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 May 11, 1960, to May 27, 1960 and last saw her/him alive on May 27, 1960
Death occurred at 4:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): C. H. Thompson D.O.
22b. ADDRESS: New Florence, Mo.
22c. DATE SIGNED: 6/1/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 29, 1960
23c. NAME OF CEMETERY OR CREMATORY: Montgomery City Cemetery
23d. LOCATION (City, town, or county) (State): Montgomery City, Missouri
24. FUNERAL DIRECTOR: Schlanker Funeral Home ADDRESS: Montgomery City Missouri
25. DATE RECD. BY LOCAL REG.: June 1- 1960
26. REGISTRAR'S SIGNATURE: Laura B Calloway

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed E Boone Schlan

Signature of Student Embalmer

Licensed Embalmer No. 4136

P. O. Address Montgomer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.