

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016145
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 72

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

FILED MAY 4 1961

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b 6 1/2 Hours	c. CITY OR TOWN Vanduser
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Box 54
3. NAME OF DECEASED (Type or print) First JAMES Middle LLOYD Last WILLEY		4. DATE OF DEATH Month 4 Day 16 Year 1961	
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 3-25-1878
9. AGE (last birthday) 83		IF UNDER 1 YEAR Months 0 Days 21	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Quincy, Illinois
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John A. Willey	
13b. MOTHER'S MAIDEN NAME Sarah M. Vanover		14. NAME OF HUSBAND OR WIFE Cordia Esterline Willey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT Cordia Willey Address Vanduser, 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) Acute Coron. Art Occlusion			INTERVAL BETWEEN ONSET AND DEATH INST.
DUE TO (b) CART. SCLER. HEART DIS.			
DUE TO (c)			
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 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 4. 16. 61		
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.) 4. 16. 61	20f. CITY, TOWN, OR LOCATION 4. 16. 61	COUNTY STATE
21. I attended the deceased from 4:35 P to 4:16.61 and last saw him live on 4. 16. 61 Death occurred 4:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl G. Popp M.D. (Degree or title)		22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 4.17.61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-18-1961	23c. NAME OF CEMETERY OR CREMATORY Old Morley Cemetery	23d. LOCATION (City, town, or county) (State) Morley, Missouri
24. FUNERAL DIRECTOR Edw. E. Hummel ADDRESS Munroe Funeral Chapel, Sikeston		25. DATE RECD. BY LOCAL REG. 4-29-61	26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

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 Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address Sibley, W.

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.