SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

61-047759
STATE FILE NUMBER

AMENDED

Registration District No. 2243 Primary Registration District No. 4364 Registrar's No. 3

FILED FEB 7 1962

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella,
Length of stay in Ib 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Hospital
Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY McDonald
c. CITY OR TOWN Noel,
Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) Rt # 1
Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First George Middle William Last Willhelms
4. DATE OF DEATH Month Dec. Day 22, Year 1961
5. SEX Male
6. COLOR OR RACE W
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-8-1877
9. AGE (last birthday) 84
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) General Farming
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Noel, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Marion Willhelms
13b. MOTHER'S MAIDEN NAME Nan Fossett
14. NAME OF HUSBAND OR WIFE Effie May Willhelms
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. Never had one
17. INFORMANT Roy Willhelms, Address Manteca, Calif.

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis
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. ☐ 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 1950, to Dec 22, 61 and last saw him alive on Dec 22, 61
Death occurred at 6 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. P. Fountain DO
22b. ADDRESS Noel, Mo
22c. DATE SIGNED 12-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-22-1961
23c. NAME OF CEMETERY OR CREMATORY Stone Cemetery
23d. LOCATION (City, town, or county) (State) Noel, Missouri

24. FUNERAL DIRECTOR ADDRESS HUMPHREY FUNERAL HOME, Noel, Mo.
25. DATE RECD. BY LOCAL REG. 1-6-62
26. REGISTRAR'S SIGNATURE Mildred Moberly

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — ITEM NO. — SHOULD READ — 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 Wayne A. Hubbard

Licensed Embalmer No. 5172

P. O. Address Neel, Mo.

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.