

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-015760
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 760 Primary Registration District No. 559v Registrar's No. 65

FILED APR 25 1962

VS 300
Rev. 4/59

1 0500
2 0500

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12 86-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim Twp.		Length of stay in 1b 23 Days	c. CITY OR TOWN Victoria
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mtn. View Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. 2, DeSoto
3. NAME OF DECEASED (Type or print) First Jacob Middle (NMN) Last Willis		4. DATE OF DEATH Month April Day 17 Year 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/23/66
9. AGE (last birthday) 96		IF UNDER 1 YEAR Months	IF UNDER 24 HR Days 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 Building	11. BIRTHPLACE (City and state or country) Ridgeway, Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Daniel Willis	
13b. MOTHER'S MAIDEN NAME Martha Irwin		14. NAME OF HUSBAND OR WIFE Lena Willis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish American		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mary L. Doughty, Rt. 2, DeSoto, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Vasoular Disease			INTERVAL BETWEEN ONSET AND DEATH Indefinite
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)			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 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 3-26-62 to 4-17-62 and last saw ^{her} him alive on 3-27-62 Death occurred at 7:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) M.D.		22b. ADDRESS 112 MISSISSIPPI AVE. Crystal City, Mo.	22c. DATE SIGNED 4-17-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/19/62	23c. NAME OF CEMETERY OR CREMATORY Roselawn	23d. LOCATION (City, town, or county) (State) Crystal City, Missouri
24. FUNERAL DIRECTOR J. L. Mothershead, DeSoto, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 4-18-62
		26. REGISTRAR'S SIGNATURE [Signature]	

APR 26 1962

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 J Lee Mathershead

Licensed Embalmer No. 3531

P. O. Address Do Sato 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.