

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015256

Registration District No. 5077 Primary Registration District No. 50711 Registrar's No. 35

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 19 1963

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN Carrollton		c. CITY OR TOWN Bosworth	
Length of stay in 1b 24 Days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Carroll CO. Memorial Hospital		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) ... First Leslie Middle B. Last Willis			4. DATE OF DEATH Month April Day 8 Year 1963		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-27-1880	9. AGE (last birthday) 83	IF UNDER 1-YEAR Months 1 Days 11 Hours Min. 	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker	10b. KIND OF BUSINESS OR INDUSTRY /	11. BIRTHPLACE (City and state or country) Adair CO. Kenn.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Benjamin F. Willis	13b. MOTHER'S MAIDEN NAME Francis J. Cenover	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Jack Griffin Roswell N. Mex
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leukemia Lymphatic Leukemia	INTERVAL BETWEEN ONSET AND DEATH 1 yr
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Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)
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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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 	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
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21. I attended the deceased from 3-15-63 to 4-8-63 and last saw her/him alive on 4-8-63 Death occurred at 11 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John H. Platz, M.D.	22b. ADDRESS Carrollton, Missouri	22c. DATE SIGNED 4-9-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 10, 63	23c. NAME OF CEMETERY OR CREMATORY Wharton Cemetery	23d. LOCATION (City, town, or county) (State) 4M.S.E. Bosworth MO
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24. FUNERAL DIRECTOR ADDRESS Leopard-Edwards Bosworth Missouri	25. DATE RECD. BY LOCAL REG. 4-10-63	26. REGISTRAR'S SIGNATURE Mary Dean
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VS 300
Rev. 4/59

b172
3170

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7 1
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

APR 24 1963

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

David J. Edwards

Licensed Embalmer No. 3265

P. O. Address Bonwith Mc

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.