

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026815

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 1825

STATE FILE NUMBER

FILED JUL 1 1963

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON		Length of stay in 1b DAYS	c. CITY OR TOWN KIRKWOOD Inside/Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY HOSPITAL		Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 339 S. Harrison Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First David Middle Willis Last Willis			4. DATE OF DEATH Month June Day 4 Year 1963
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-10-1880 AGE (last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) MINISTER		10b. KIND OF BUSINESS OR INDUSTRY MINISTER	11. BIRTHPLACE (City and state or country) MARVEL ARKANSAS
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME ANDREW WILLIS 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE DELL WILLIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NO 17. INFORMANT Dell Willis 339 S. Harrison 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) Generalized Carcinomatosis DUE TO (b) Carcinoma Head of Pancreas DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 _____	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 April 26, 1963 to June 4, 1963 and last saw her/him alive on June 4, 1963 Death occurred at 9:05pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H.R. Gilchrist, M.D.		22b. ADDRESS 601 S. Brentwood, Clayton, Mo.	22c. DATE SIGNED 6/7/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-10-63	23c. NAME OF CEMETERY OR CREMATORY Father's Selections	23d. LOCATION (City, town, or county) (State) Orestwood MO
24. FLOWER DIRECTOR J. Spudell & Sons 22 E. 11th ADDRESS		25. DATE RECD. BY LOCAL REG. 6-8-63	26. REGISTRAR'S SIGNATURE John C. Mumfley, M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

1 4002

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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 J. Paidee

Licensed Embalmer No.

4243

P. O. Address

*223 Beech
Schmitt, Gravel, 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.