

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036972

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 5799 Registrar's No. 27

FILED SEP 24 1963

DO NOT WRITE ON THIS SUB

AMENDED

VS 300-
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARION TWP		Length of stay in 1b 5 HOURS	c. CITY OR TOWN PARIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 1/2 MI. N.E. OF MADISON, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) W. COOPER STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last BRUCE BLANTON WILLS			4. DATE OF DEATH Month Day Year SEPT. 20 1963
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 2/14/1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) RURAL MAIL CARRIER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) Mo. MONROE Co. U.S.A.
13a. FATHER'S NAME CHARLES G. WILLS		13b. MOTHER'S MAIDEN NAME NELLIE SKEEN	12. CITIZEN OF WHAT COUNTRY U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) YES WW II		16. SOCIAL SECURITY NO. 130	17. INFORMANT Address LELA M. WILLS - PARIS, Mo.
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DIED WHILE CHANGING TIRE ON HIGHWAY NORTH OF MADISON, Mo. DUE TO (b) PROBABLE CORONARY OCCLUSION DUE TO (c) CORONARY HEART DISEASE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH INSTANT
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 SEPT., 1960 to SEPT., 1963 and last saw ^{her} him alive on SEPT. 20, 1963 Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS [Address]	22c. DATE SIGNED 9/20/1963
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9/22/1963	23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE CEM.	23d. LOCATION (City, town, or county) PARIS, Mo.
24. FUNERAL DIRECTOR E. H. AGNEW - PARIS, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 20-1963	26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

SEP 26 1963

SEP 27 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 *E. McQueen*

Licensed Embalmer No. 4000

P. O. Address Paris, 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.