

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

165-030543
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB / AMENDED

Registration District No. 336 Primary Registration District No. 6129 Registrar's No. 787

FILED AUG 2 1965

VS 300
Rev. 4/59

1 1010
2 1010
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4 1
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94200
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12 98-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shannon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Township		Length of stay in 1b lifetime		c. CITY OR TOWN Gladden Mo Jackson Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at residence		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) x	
3. NAME OF DECEASED (Type or print) First Alta Middle Maude Last Willis			4. DATE OF DEATH Month July Day 27 Year 1965		
5. SEX Female	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 9-17-84	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Maries County, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Thomas Barton Shockley		13b. MOTHER'S MAIDEN NAME Martha Terrill	
14. NAME OF HUSBAND OR WIFE John Willis (Decd.)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. 494-42-8639		17. INFORMANT Address Sherman Willis St Louis Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease					INTERVAL BETWEEN ONSET AND DEATH 1 year
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 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 June 18, 1965 to July 2, 1965 and last saw her xx alive on July 2, 1965 Death occurred at 7 1/2 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>			22b. ADDRESS Salem, Missouri		22c. DATE SIGNED 7-29-65
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 30, 1965	23c. NAME OF CEMETERY OR CREMATORY Rector Cemetery		23d. LOCATION (City, town, or county) (State) Shannon Co Mo
24. FUNERAL DIRECTOR Spencer Funeral Home, Salem, Mo.		25. DATE RECD. BY LOCAL REG. 7-29-65		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE BLACK INK OR TYPEWRITER RIBBON

SEP 22 1965

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 Robert A. York

Licensed Embalmer No. 5193

P. O. Address Salem, 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.