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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27906

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6023 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give town) Rural-Knoxville Twn.		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Knoxville Twn.	
c. LENGTH OF STAY (in this place) 25 yrs.		d. STREET ADDRESS (If rural, give location) Three mile NE Knoxville.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Three miles NE Knoxville			

3. NAME OF DECEASED (Type or Print) a. (First) Willard b. (Middle) Swain c. (Last) Wollard			4. DATE OF DEATH (Month) (Day) (Year) August 25, 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH March 10, 1893		9. AGE (In years last birthday) 57		10. IF UNDER 1 YEAR (Days) 5	
11. BIRTHPLACE (State or foreign country) Ray County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. IF UNDER 1 MIN. (Hours) (Min.) 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat cutter		10b. KIND OF BUSINESS OR INDUSTRY Butchering		11. BIRTHPLACE (State or foreign country) 0	

13a. FATHER'S NAME Walter Wollard		13b. MOTHER'S MAIDEN NAME Ollie Comer		14. NAME OF HUSBAND OR WIFE Divorced	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ellie Wollard, Polo, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rt Lung ANTECEDENT CAUSES Myocardial Exhaustion Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 1 year 5 days 163X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION no		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6-1-48**, 19____, to **8-25**, 19**50**, that I last saw the deceased alive on **8-24**, 19**50**, and that death occurred at **3:00 PM** on the causes and on the date stated above.

23a. SIGNATURE Ch. Wilbur MD (Degree or title)		23b. ADDRESS Polo Mo		23c. DATE SIGNED 8-28-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 28, 1950		24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	
				24d. LOCATION (City, town, or county) (State) Ray County, Missouri	

DATE REC'D BY LOCAL REG. Aug 31, 1950		REGISTRAR'S SIGNATURE Mrs. Raymond Grove		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Quest-Life Funeral Home Richmond, Missouri	
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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
Student Embalmer

Signed.....

Licensed Embalmer No. 4066

P. O. Address Richmond, Missouri

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 this body is not embalmed, fact should be so stated above.