

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44101

State File No. \_\_\_\_\_

FILED JAN 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4245 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>New Madrid 8720</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Matthews</u>		c. CITY OR TOWN <u>Lilbourn 8720</u>	
c. LENGTH OF STAY (in this place) <u>4</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sell's Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Augustus</u> b. (Middle) <u>Alexander</u> c. (Last) <u>Willoughby</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24 1951</u>		
---	--	--	---	--	--

5. SEX <u>Male D</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 9 1874</u>	9. AGE (in years) last birthday Months <u>77</u> Days <u>2</u> Hours <u>15</u>		IF UNDER 1 YEAR IF UNDER 1 MIN.
-------------------------	----------------------------------	--	--	--	--	------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Paris, Tennessee 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	-----------------------------------	--	---

13a. FATHER'S NAME <u>Andy Willoughby</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Puckett</u>	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Parmer, Lilbourn, Missouri</u>	ADDRESS
--	--	--	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>			<u>?</u>
	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	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 12/23, 1951, to 12/23, 1951, that I last saw the deceased alive on 12/23, 1951, and that death occurred at 9:45 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. C. Cutchley D.M.D.</u>	23b. ADDRESS <u>Sebaston, Mo</u>	23c. DATE SIGNED <u>Dec. 31, 1951</u>
---	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-26-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Lilbourn, Missouri</u>
--	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>1-6-52</u>	REGISTRAR'S SIGNATURE <u>Helen Lou Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home-Lilbourn, Mo.</u>	ADDRESS
---	---	--	---------

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

12-12-19

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Homer L. Ponder

Signed.....  
Student Embalmer

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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 this body is not embalmed, fact should be so stated above.