

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. **5339**

FILED FEB 24 1953

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 18

52

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

1. PLACE OF DEATH a. COUNTY: <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE: <u>Mo</u> COUNTY: <u>Fleming</u>	
b. CITY OR TOWN: <u>Kennett</u>		c. CITY OR TOWN: <u>Wardell Mo</u>	
c. LENGTH OF STAY (in this place): <u>9 Hrs</u>		0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Dunklin Co Memorial Hosp</u>		d. STREET ADDRESS (If rural, give location): <u>P.O. Box 671</u>	
3. NAME OF DECEASED a. (First): <u>Lawrence</u>		b. (Middle): <u>J</u>	
c. (Last): <u>Willoughby</u>		4. DATE OF DEATH (Month) (Day) (Year): <u>Feb-2-1953</u>	
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>never married</u>		8. DATE OF BIRTH: <u>Nov 28-1940</u>	
9. AGE (In years last birthday): <u>12</u>		10. IF UNDER 1 YEAR: <u>7</u> Days	
11. IF UNDER 1 MIN. Hours: <u>3</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>none</u>	
11. BIRTHPLACE (City and State or Foreign Country): <u>Donaldsonville, La.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME: <u>John Willoughby</u>		13b. MOTHER'S MAIDEN NAME: <u>Waldsree Kirby</u>	
14. NAME OF HUSBAND OR WIFE: <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO.: <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME: <u>John Willoughby</u>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Solar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH: <u>50 Jan 53</u>	
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) (Min)	
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 <u>1 Feb, 1953</u> to <u>2 Feb, 1953</u> , that I last saw the deceased alive on <u>1 Feb, 1953</u> and that death occurred at <u>5:25 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE: <u>James Clady M.D.</u>		23b. ADDRESS: <u>Kennett, Mo.</u>	
23c. DATE SIGNED: <u>3 Feb 53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	
24b. DATE: <u>Feb 3-53</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>Oak Ridge Cem</u>	
24d. LOCATION (City, town, or county) (State): <u>Kennett Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE: <u>Carl Husband</u>	
DATE REC'D BY LOCAL REG.: <u>2-3-1953</u>		REGISTRAR'S SIGNATURE: <u>Carl Husband</u>	
25. FUNERAL DIRECTOR'S SIGNATURE: <u>Carl Husband</u>		ADDRESS: <u>Kennett Mo.</u>	

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 2-~~X~~-53
COUNTY FILE NUMBER 253-3

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 Edgar Reed Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.