No. 300
10.48

FILED JUL 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24008

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 770

4

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Silvey Nursing Home 214 Texas St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph Rural Washington
d. STREET ADDRESS (If rural, give location): R.F.D. # 6, 0110 1

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle):
c. (Last): WILLOUGHBY

4. DATE OF DEATH (Month) (Day) (Year): 7 8 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 10-22-1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Inspector
10b. KIND OF BUSINESS OR INDUSTRY: B.A.I.
11. BIRTHPLACE (City and State or Foreign Country): Rochester, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Viola Willoughby

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.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Eva McMillan, 1415 Felix St. City

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pneumonia	5days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Congestive Heart Failure	unknown
DUE TO (c)	Arteriosclerotic Heart Disease	unknown
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Metastatic Carcinoma of Prostate(unk.)	

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 5, 1953, *to* July 8, 1953, *that I last saw the deceased alive on* July 6, 1953, *and that death occurred at* 4:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Sharon E. Waggoner M.D.
23b. ADDRESS: 301 Illinois, St. Joseph
23c. DATE SIGNED: 7-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-10-1953
24c. NAME OF CEMETERY OR CREMATORY: Bedford Cemetery
24d. LOCATION (City, town, or county) (State): Bedford, Iowa

DATE REC'D BY LOCAL REG.: July 13, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison 485
25. FUNERAL DIRECTOR'S SIGNATURE: John E. Kupp
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 21 1953

OCT 23 1953

OCT 16 1953

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, M

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.