Health, Welfare Public Service

300. 1-56

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8629

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett — Inside Limits Yes XX No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 204 Commercial St. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE Mo. b. COUNTY Dunklin
c. CITY OR TOWN Kennett Mo. 0352 — Inside Limits Yes XX No ☐
d. STREET ADDRESS 204 Commercial St. (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Patricia Middle: Ann Last: Willoughby

4. DATE OF DEATH Month: Mar. Day: 6th Year: 1956

5. SEX Female 2

6. COLOR OR RACE Colored

7. MARRIED ☐ NEVER MARRIED XX WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Jan. 6th 1956

9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months 2, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX

10b. KIND OF BUSINESS OR INDUSTRY XX

11. BIRTHPLACE (City and state or country) Kennett Mo. 6

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hurl Willoughby

14. MOTHER'S MAIDEN NAME Lila Swindle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) XX

16. SOCIAL SECURITY NO. None

17. INFORMANT Carrie Brown Address Kennett Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 days
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) 490X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 _____, to _____ and last saw her/him alive on _____
Death occurred at 1:30 P.M. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Quinton Tarver Degree or title
Quinton Tarver, Coroner, Dunklin County

22b. ADDRESS Kennett Mo.

22c. DATE SIGNED 3/9/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3-7-56

23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery

23d. LOCATION (City, town, or county) Kennett (State) Mo.

24. FUNERAL DIRECTOR Lentz Service ADDRESS Kennett Mo.

25. DATE RECD. BY LOCAL REG. 3-15-1956

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

70-0

RECEIVED DUNKLIN COUNTY H

DEPARTMENT 3-19-5

COUNTY FILE NUMBER 35

STATEMENT BY LICENSED EMBALMER Not Embalmed

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed Edgar Dee Ford

Licensed Embalmer No 44

P. O. Address Kennett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.