

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 8 1960

-60-001332

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hiway 63 1 mi S West Plains		Length of stay in 1b		c. CITY OR TOWN Thayer
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Nina Middle Marie Last Willoughby			4. DATE OF DEATH Month January Day 15 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-15-36	9. AGE (last birthday) 23	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and state or country) Obion Co., Tenn.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Guy Rivell		13b. MOTHER'S MAIDEN NAME Flossie Wilson	
14. NAME OF HUSBAND OR WIFE C. H. Willoughby		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO.	
17. INFORMANT C. H. Willoughby, Thayer, Mo.		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Crushed Chest - Broken Neck			Imm
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Multiple Abrasions and Contusions		
	DUE TO (c) Car Wreck		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) One Car Wreck			
20c. TIME OF INJURY Hour 1 a.m. 15 p.m. 60					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) S Hiway	20f. CITY, TOWN, OR LOCATION West Plains	COUNTY Howell	STATE Missou	

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **10:30 P M** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. Duncan</i>		(Degree or title) Coroner	22b. ADDRESS Mountain View, Mo.		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-18-60	23c. NAME OF CEMETERY OR CREMATORY Elbridge Cemetery	23d. LOCATION (City, town, or county) (State) Obion, Tennessee		
24. FUNERAL DIRECTOR Carter Funeral Home, Thayer, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 2-3-60	26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 8 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert F. Wallace

Licensed Embalmer No. 454

P. O. Address Robert F. Wallace

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