

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-039223  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 516

<b>FILED OCT 22 1962</b>	
1. PLACE OF DEATH	
a. COUNTY <b>Jasper</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>	a. STATE <b>Missouri</b> COUNTY <b>Jasper</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Joplin General Hosp.</b>	Length of stay in lb <b>15 days</b>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Sarcoxie</b>
	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	d. STREET ADDRESS (If outside, give location) <b>Route # 1</b>
	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED	
First <b>Henry</b>	Middle <b>T.</b>
Last <b>Willoughby</b>	4. DATE OF DEATH Month <b>Oct.</b> Day <b>14,</b> Year <b>1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-28-1901</b>
	9. AGE (last birthday) <b>60</b>
	IF UNDER 1 YEAR Months <b>60</b>
	IF UNDER 24 HR Days <b>60</b>
	Hours <b>60</b>
	Min. <b>60</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Sarcoxie, Mo.</b>
	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Willoughby</b>	13b. MOTHER'S MAIDEN NAME <b>Eliza Bryan</b>
	14. NAME OF HUSBAND OR WIFE <b>Dora Willoughby</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO.	
17. INFORMANT Address <b>Mrs. Dora Willoughby, Sarcoxie, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	<b>Acute Circulatory Failure</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Massive Myocardial Infarction</b>
	DUE TO (c) <b>Coronary Occlusion</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
<b>Old Infarction 16 days previously</b>	
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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.)
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <b>2-14-55</b> to <b>10-14-62</b> and last saw her him alive on <b>10-14-62</b> Death occurred at <b>2:50 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>J. Northstone</b> (Degree or title) <b>D. O.</b>	22b. ADDRESS <b>Sarcoxie, Mo.</b>
	22c. DATE SIGNED <b>10-15-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-17-62</b>
	23c. NAME OF CEMETERY OR CREMATORY <b>Dudman Cemetery</b>
	23d. LOCATION (City, town, or county) <b>Jasper Co., Mo.</b>
24. FUNERAL DIRECTOR <b>Ulmer-Moss Funeral Home, Sarcoxie, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10-16-62</b>
	26. REGISTRAR'S SIGNATURE <b>Novie Merriam</b>

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JAN 23 1963

JAN 24 1963

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *William J. [Signature]*

Licensed Embalmer No. 4955

P. O. Address *Southgate 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.