

No. 300  
10. 48

21303

# STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 22 1950

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 206

948

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Farmington, Mo</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Farmington,</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>303 Taylor</u>		d. STREET ADDRESS <u>303 Taylor</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>betitia</u> c. (Last) <u>Willoughby</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 7 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-OCT 17 1873</u>
9. AGE (in years last birthday) <u>76</u>	IF UNDER 1 YEAR Days <u>7</u>	IF UNDER 14 HRS. Hours <u>20</u>	IF UNDER 14 HRS. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Smith</u>	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE <u>Widow</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Paul Newman, Farmington, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive arteriosclerosis</u>		<u>4-5 yrs</u>	
DUE TO (c) _____		<u>7230</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive cardiovascular disease</u>		<u>unknown</u>	
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) _____	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>5-1, 1948</u> , to <u>6-7, 1950</u> , that I last saw the deceased alive on <u>6-6, 1950</u> , and that death occurred at <u>7:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>George L. Watters, M.D.</u>		23b. ADDRESS <u>Farmington, Mo.</u>	23c. DATE SIGNED <u>6-9-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/9/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo</u>
DATE REC'D BY LOCAL REG. <u>June 12, 1950</u>	REGISTRAR'S SIGNATURE <u>Etherie Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Funeral Home</u>	ADDRESS <u>Farmington, Mo</u>

STATE OF ILLINOIS  
DEPARTMENT OF HEALTH  
OFFICE No. 4  
650-815

**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 *Paul K. Dugal*

Licensed Embalmer No. 4120

P. O. Address *Springfield 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.