

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **37469**

BIRTH NO.		REG. DIST. NO. <b>156</b>		PRIMARY REG. DIST. NO. <b>2001</b>		Registrar's No. <b>535</b>	
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>mo</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Joplin</b>		c. LENGTH OF STAY (In this place) <b>1 wk</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		OR TOWN <b>0495-0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St John Hosp</b>				d. STREET ADDRESS (If rural, give location) <b>mo</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Mary E</b>		b. (Middle) <b>Willoughby</b>		c. (Last) <b>Willoughby</b>	
4. DATE OF DEATH		(Month) <b>Nov</b>		(Day) <b>24</b>		(Year) <b>1950</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>		8. DATE OF BIRTH <b>July 17, 1865</b>	
9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>8</b>		IF UNDER 4 Hrs. Hours <b>0</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>L</b>		11. BIRTHPLACE (State or foreign country) <b>Lancaster mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>mo</b>	
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Warner</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>L</b>		16. SOCIAL SECURITY NO. <b>L</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs J. M. Temple</b> ADDRESS <b>Joplin mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>coronary block.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT <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 <b>11-14, 1950</b> , to <b>11-24, 1950</b> , that I last saw the deceased alive on <b>11-24, 1950</b> , and that death occurred at <b>3:45 PM</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>V.E. Kerner</b> (Degree or title) <b>0</b>				23b. ADDRESS <b>211 W. 1st St. Joplin mo</b>		23c. DATE SIGNED <b>11-29-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-26-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Harvey Cem</b>		24d. LOCATION (City, town, or county) (State) <b>La Russell mo</b>	
DATE REC'D BY LOCAL REG. <b>12-2-50</b>		REGISTRAR'S SIGNATURE <b>Ed S. Jones</b> <b>138</b> <b>By Walter S. Samsel D.O.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fachman &amp; Sons</b> ADDRESS <b>Lancaster mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

1950

RECEIVED 12-4-50

Jasper County Health Office

County File Number 50-11-875

Date Filed 12-4-50

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm H. Jackson

Licensed Embalmer No. 3954

P. O. Address. Lawrence 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.