

S. No. 300
10. 48

ED JUL 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Barnum
State File No. 20309

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5856 Registrar's No. 21

2460
1

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Howell	
b. CITY (If outside corporate limits, write SUBURB and give township) OR TOWN Mountain View		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain View	
c. LENGTH OF STAY (in this place) 73 yrs		d. STREET ADDRESS (If rural, give location) Route # 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Lawson c. (Last) Willbanks			4. DATE OF DEATH (Month) (Day) (Year) June 30-1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 10-1879	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 2 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mountain View, Mo	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Lawson Willbanks	13b. MOTHER'S MAIDEN NAME Cathy Garrett	14. NAME OF HUSBAND OR WIFE Sally Willbanks
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) nl	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs T.L. Willbanks	ADDRESS Mtn View, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE 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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1951, to June 28, 1952, that I last saw the deceased alive on June 28, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE Stanley Barnum (Degree or title) D.O.	23b. ADDRESS Mtn View, Mo	23c. DATE SIGNED 7-9-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-7-52	24c. NAME OF CEMETERY OR CREMATORY City
24d. LOCATION (City, town, or county) (State) Mtn View, Mo		

DATE REC'D BY LOCAL REG. 7-9-52	REGISTRAR'S SIGNATURE Laura Mitchell	25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home	ADDRESS Mtn View, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Joe F. Dunham
Licensed Embalmer No. 8325
P. O. Address Mt View 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.