

No. 300
10. 48

FILED OCT 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32207

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5588 Registrar's No. 193

0490

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

1. PLACE OF DEATH a. COUNTY <u>Gasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Gasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Saracade Twp</u> c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gasper</u> <u>0490</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R F D Saracade</u>		d. STREET ADDRESS (If rural, give location) <u>Saracade P O Mo</u>	

3. NAME OF DECEASED (Type or Print) <u>Reubena J. R. Willoughby</u>	a. (First) <u>Reubena</u> b. (Middle) <u>J. R.</u> c. (Last) <u>Willoughby</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 24 1953</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>9-18-1863</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Laurence Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>✓</u>	

13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>W. H. Willoughby</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rugh Willoughby Saracade Mo</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, toxer</u>		
	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 checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 23 Sept, 1953 to 23 Sept, 1953, that I last saw the deceased alive on 23 Sept, 1953, and that death occurred at 3:30 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>George Simmons</u> (Degree or title) _____	23b. ADDRESS _____	23c. DATE SIGNED <u>9-27-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hudsons Ben</u>	24d. LOCATION (City, town, or county) (State) <u>Carthage Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-26-53</u>	REGISTRAR'S SIGNATURE <u>Blay B. Clinton</u> <u>137-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Jackson & Sons Saracade Mo</u>	ADDRESS _____
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(Licensed Embalmers' Seal must be on Reverse Side)

RECEIVED SEP 30 1953

Jasper County Health Office

County File Number 53-9-797

Date Filed SEP 30 1953

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 K. Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcoxie 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.