

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006469

STATE FILE NUMBER

FILED MAR 4 1959

Registration District No. 236

Primary Registration District No. 5819

Registrar's No. 9

300  
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Osage Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Versailles</u> <sup>0910</sup> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>20 N. S. Versailles Lifetime</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>20 N. S. Versailles</u>
3. NAME OF DECEASED (Type or print) First <u>Franklin</u> Middle <u>B.</u> Last <u>Willoughby</u>		4. DATE OF DEATH Month <u>Mar.</u> Day <u>1</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 26, 1958</u>
9. AGE (In years last birthday) <u>6</u>		10. MONTHS <u>5</u>	11. HOURS <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Versailles</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Kenneth M. Willoughby</u>	
13b. MOTHER'S MAIDEN NAME <u>Jo Ella Franklin</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Kenneth M. Willoughby Versailles, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hydrocephalus</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>752X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u> <u>From birth</u>
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 checked="" 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 <u>Birth</u> to <u>March 1 1959</u> and last saw <sup>her</sup> him alive on <u>Feb. 28 1959</u> Death occurred at <u>3 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Jack Gunn MD</u> (Degree or title)		22b. ADDRESS <u>Versailles, Mo.</u>	
22c. DATE SIGNED <u>3:1:59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>3 Mar. 59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Versailles, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Kidwell Funeral Home Versailles,</u>		25. DATE RECD. BY LOCAL REG. <u>3-2-59</u>	
26. REGISTRAR'S SIGNATURE <u>J L West</u>			

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 Raymond C. Locke .....

Licensed Embalmer No. 4626.....

P. O. Address Veneta, Pa.....

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.