

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025963

FILED VS JUL 29 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 221

STATE FILE NUMBER

NDED

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Marion</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Monroe</b>                      |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Hannibal</b>   |  | Length of stay in 1b<br><b>17 days</b>  |  | c. CITY OR TOWN <b>Stoutsville</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Elizabeth</b>  |  |   |  | d. STREET ADDRESS (If outside, give location)<br><b>Town Limits</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>Myrtle Ellen Willingham</b>  |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>July 23, 1959</b>  |  |   |  |
| 5. SEX<br><b>Female</b>  |  | 6. COLOR OR RACE<br><b>White</b>  |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>9/26/1881</b>  |  |
| 9. AGE (last birthday)<br><b>77</b>  |  | IF UNDER 1 YEAR<br>Months <b>9</b> Days <b>27</b>   |  | IF UNDER 24 HR<br>Hours <b>27</b> Min.  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>-----  |  | 11. BIRTHPLACE (City and state or country)<br><b>Monroe County Mo.</b>                |  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.</b>   |  |   |  |   |  |   |  |
| 13a. FATHER'S NAME<br><b>Charles (Bud) Woodworth</b>   |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Perry Lee Tyler</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Willard Willingham</b>                              |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |  |   |  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  | 17. INFORMANT<br>Address<br><b>Willard Willingham, Stoutsville Mo</b>                 |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Alumina</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>lymphatic leukemia</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<br>INTERVAL BETWEEN ONSET AND DEATH<br><b>2 wks</b><br><b>6 mo.</b> |  |   |  |   |  |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>a.m. p.m.  |  |   |  |   |  |   |  |
| 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 _____ to _____ and last saw her him alive on _____<br>Death occurred at <b>3:20 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |   |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>R. M. L. M.D.</b>   |  |   |  | 22b. ADDRESS<br><b>Hannibal Mo.</b>   |  | 22c. DATE SIGNED<br><b>7-27-59</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 23b. DATE<br><b>July 26 1959</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Liberty Church Cem. Near Mexico, Missouri</b>  |  | 23d. LOCATION (City, town, or county)<br><b>Missouri</b>                              |  |
| 24. FUNERAL DIRECTOR<br><b>Harold Garner Monroe City Mo.</b>   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>July 27-1959</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>W. M. L. By P. C. Fisher</b>                          |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 29 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. 3720

P. O. Address Monroe City M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.