

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036380

STATE FILE NUMBER

AMENDED

Registration District No.

83

Primary Registration District No.

5314

Registrar's No.

8

FILED NOV 2 1961

1. PLACE OF DEATH

a. COUNTY Cooper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Rural, Prairie Home Twp. 40 Yrs.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Cooper

c. CITY OR TOWN Boonville

Inside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Working on farmInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
R. F. D. #2Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Robert

Middle

Willbanks.

Last

4. DATE OF DEATH

Month

October

Day

27

Year

1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Aug. 12, 1894

9. AGE (last birthday)

67

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Own farm

11. BIRTHPLACE (City and state or country)

Howell County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Willbanks.

13b. MOTHER'S MAIDEN NAME

Artella Miller.

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

??

17. INFORMANT

Address

Mrs. Roy Tuggle, Fayette, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH
DaysConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐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 No attendance to death and last saw him alive on 10/26/61
Death occurred at Arrow Rock, Mo. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D. Decker

22b. ADDRESS

Boonville, Mo.

22c. DATE SIGNED

10/26/61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Oct. 29, 1961

23c. NAME OF CEMETERY OR CREMATORY

Arrow Rock Cemetery

23d. LOCATION (City, town, or county)

Arrow Rock, Missouri.

24. FUNERAL DIRECTOR

ADDRESS

Goodman & Boller, Boonville, Mo.

25. DATE RECD. BY LOCAL REG.

Oct 29/61

26. REGISTRAR'S SIGNATURE

Virginia T. Higgins

(Licensed Embalmer's Statement on Reverse Side)

NOV 2 1961

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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.