MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033636
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 176

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1	0070
2	0070
3	
4	1
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11	
12	90-0
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 2

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED SEP 24 1962

1. PLACE OF DEATH a. COUNTY Bates

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Pleasant — Length of stay in lb Most of life

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rt #1 — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bates

c. CITY OR TOWN Mt. Pleasant — Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) RT #1 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Florence Middle --- Last Willard

4. DATE OF DEATH Month Sept. Day 5, Year 1962

5. SEX F

6. COLOR OR RACE W

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 5-12-1870

9. AGE (last birthday) 92 — IF UNDER 1 YEAR Months 3 Days 23 — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Homemaker

11. BIRTHPLACE (City and state or country) Wissonsin

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Hatsel Willard

13b. MOTHER'S MAIDEN NAME Ellen Ostsender

14. NAME OF HUSBAND OR WIFE None

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

16. SOCIAL SECURITY NO. None

17. INFORMANT Rolvena McDaniel — Address Denver, Colo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH 10 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) coronary artery disease — not known.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Miss Willard was a Christian Scientist; no med. history.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. 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 INJURY Hour 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 -- to -- and last saw her alive on Sept. 5-62

Death occurred at 11 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. S. Lattue, M.D.

22b. ADDRESS 212 N. Main, Butler, Mo.

22c. DATE SIGNED 9/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9-8-62

23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery

23d. LOCATION (City, town, or county) (State) Butler, Mo.

24. FUNERAL DIRECTOR ADDRESS Culver Underwood Butler, Mo.

25. DATE RECD. BY LOCAL REG. 9-8-62

26. REGISTRAR'S SIGNATURE Norma Jean Wilson

(Licensed Embalmer's Statement on Reverse Side)

NOV 2 1962

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.