

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042430

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 195

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10460
204652

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED NOV 26 1962

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains Length of stay in lb 6 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lebo Route Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Howell
c. CITY OR TOWN West Plains Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 914 Jackson St Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Susan Rhoda Willard
4. DATE OF DEATH Month Day Year
November 18 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married
Widowed Divorced 8. DATE OF BIRTH 12/11/1867 9. AGE (last birthday) 94
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Domestic 11. BIRTHPLACE (City and state or country) Ash Flat, Arkansas 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME David Spurlock 13b. MOTHER'S MAIDEN NAME Mary Estes 14. NAME OF HUSBAND OR WIFE Joseph M. Willard

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. none 17. INFORMANT Address Joseph M. Willard, West Plains, 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) Chronic myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senility
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 Unknown
INTERVAL BETWEEN ONSET AND DEATH 4 weeks
4 years

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 1958 to 11/18/62 and last saw her/him alive on 11/17/62
Death occurred at 4:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M.L. Fowler (Degree or title) MD 22b. ADDRESS West Plains Mo 22c. DATE SIGNED 11/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11/20/62 23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery 23d. LOCATION (City, town, or county) West Plains, Missouri (State)

24. FUNERAL DIRECTOR Carter Funeral Home ADDRESS West Plains, Mo 25. DATE RECD. BY LOCAL REG. 11-19-62 26. REGISTRAR'S SIGNATURE Beatrice Cook

USE BLACK INK OR TYPEWRITER RIBBON

DEC 5 1962

NOV 28 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 Leiland Carter

Licensed Embalmer No. 4516

P. O. Address West Plains 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.