

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031702

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 78

Primary Registration District No. 3014

Registrar's No. 97

FILED AUG 26 1963

VS 300
Rev. 4/59

DATE AMENDED

1 6003
2 6000
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4 0
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9420.1
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1291.3
13 5-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty</u>		c. CITY OR TOWN <u>Liberty</u>	
Length of stay in lb Minutes <u>Minutes</u>		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>M-10 Highway</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. #3</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED First Middle Last <u>JOSEPH MARVIN WILLOWS</u>		4. DATE OF DEATH Month Day Year <u>August 20 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-12-85</u>
9. AGE (last birthday) <u>78</u>		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)		10b. KIND OF BUSINESS OR INDUSTRY	
<u>Roofing Company</u>		<u>Scranton, Kansas</u>	
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
<u>USA</u>		<u>USA</u>	
13a. FATHER'S NAME <u>George Willows</u>		13b. MOTHER'S MAIDEN NAME <u>Susanna Harris</u>	
14. NAME OF HUSBAND OR WIFE <u>Eliza Patterson</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.		17. INFORMANT Address <u>Betty Witmer 4302 E. 53rd. N. K.C., 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>PROBABLE CORONARY OCCLUSION</u>			INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.) <u>NATURAL DEATH</u>	
20c. TIME OF INJURY Hour <u>9:10</u> a.m. p.m. Month, Day, Year <u>Aug. 20 '63</u>			
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.) <u>STREET</u>	20f. CITY, TOWN, OR LOCATION <u>LIBERTY</u>	COUNTY STATE <u>CLAY Mo.</u>
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>APPROX. 9:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Donald L. Seneker, Dep. Sheriff</u>		22b. ADDRESS <u>Liberty Mo. Acting Coroner Clay Co. Sheriff's Office</u>	22c. DATE SIGNED <u>8/20/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8-22-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Scranton Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Scranton, Kansas</u>
24. FUNERAL DIRECTOR ADDRESS <u>Pasley Funeral Home, Liberty, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-23-63</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Graham</u>	

AUG 28 1963

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 Parley

Licensed Embalmer No. 4308

P. O. Address Liberty, MD

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.