

FILED MAY 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12106

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>389</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>4 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>643 South New St.</u>				d. STREET ADDRESS (If rural, give location) <u>1730 South Campbell</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u>		b. (Middle) <u>Edith</u>		c. (Last) <u>WILCOX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 30 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>July 11, 1877</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>house work</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri, Polk Co.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John P. Cowden</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Alice Burns A. J. Wilcox</u>		14. NAME OF HUSBAND OR WIFE <u>A. J. Wilcox</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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Wilcox 1703 S. Campbell</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralysis agitans</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u> <u>Unknown</u> <u>4500</u> <u>18 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Springfield Greene MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 20, 1948</u> to <u>Apr 30, 1949</u> , that I last saw the deceased alive on <u>Apr 29, 1949</u> and that death occurred at <u>6:55 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold H. Wiley M.D.</u>				23b. ADDRESS <u>609 Cherry St.</u>		23c. DATE SIGNED <u>Apr 30 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hope, Polk, MO.</u>	
DATE REC'D BY LOCAL REG. <u>4/30/49</u>		REGISTRAR'S SIGNATURE <u>W.S. Handley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willard B. Eason</u>		ADDRESS <u>Pleasant Hope Missouri</u>	

JUL 9 1949

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
Student Embalmer

Signed _____

Oby Jester

Licensed Embalmer No. _____

4154

P. O. Address _____

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