

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8874

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 5

396

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give town) SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
c. LENGTH OF STAY (in this place) 35 Years		d. STREET ADDRESS (If rural, give location) 517 S Newton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 517 S Newton			

3. NAME OF DECEASED a. (First) Cora		b. (Middle) -----		c. (Last) Wilbanks		4. DATE OF DEATH (Month) (Day) (Year) Jan 2 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Nov 28 1892	
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY. Eating House		11. BIRTHPLACE (State or foreign country) Pomona Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
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13a. FATHER'S NAME Paul Wilbanks		13b. MOTHER'S MAIDEN NAME Laura Clark		14. NAME OF HUSBAND OR WIFE None	
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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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs Nora Brown		ADDRESS 517 S Newton Springfield Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma by metastasis				5-4-49	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				to	
		DUE TO (b)				1-2-50	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				170X	
		scoliosis of spine with deformity					
19a. DATE OF OPERATION 6-24-49		19b. MAJOR FINDINGS OF OPERATION Carcinoma of left breast				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)	
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 **5-4-50** **1949**, to **1-2**, 19**50**, that I last saw the deceased alive on **12-12**, 19**49**, and that death occurred at **8** m., from the causes and on the date stated above.

23a. SIGNATURE Mary Jean Atherton M.D.		23b. ADDRESS 318 St Louis St		23c. DATE SIGNED 1-3-50	
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24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 1/4/50		24c. NAME OF CEMETERY OR CREMATORY St. Mary Cemetery		24d. LOCATION (City, town, or county) (State) Springfield Mo.	
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DATE REC'D BY LOCAL REG. 1-6-50		REGISTRAR'S SIGNATURE W.S. Handley		25. FUNERAL DIRECTOR'S SIGNATURE Herman H Lohmeyer		ADDRESS Springfield Mo	
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AUG 16 1955

OCT 23 1958

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.

Signed *Walter E. Hamilton*

Signed.....
Student Embalmer

Licensed Embalmer No. *3808*

P. O. Address *Springfield, 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 this body is not embalmed, fact should be so stated above.