

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

979

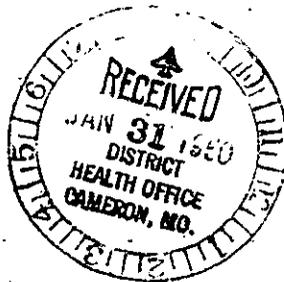
0446

5

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5536 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>HOLT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, indicate before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>HOLT</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>OREGON-RURAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>OREGON-RURAL</b>	
c. LENGTH OF STAY (In this place) <b>30 YEARS</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>COUNTY FARM</b>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <b>HENRY</b>		b. (Middle)	
c. (Last) <b>WILCOX</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JANUARY 21 1950</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>OCTOBER 9 1850</b>	
9. AGE (In years last birthday) <b>99</b>		10. F UNDER 1 YEAR Months Days	
11. F UNDER 18 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) <b>FRANKLIN CO. OHIO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>UNKNOWN</b>	
13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>MELINDA MCKINSEY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>SOCIAL SECURITY REGISTRAR</b>		ADDRESS <b>MOORESMOUND CITY, MO</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE</b> INTERVAL BETWEEN ONSET AND DEATH <b>24 HOURS</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>SENILITY, ARTERIOSCLEROSIS</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <b>JAN 19 1950</b> , to <b>JAN 21 1950</b> , that I last saw the deceased alive on <b>Nov 30 1949</b> , and that death occurred at <b>5:30 P m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Howard E. Cobbin D.D.O.</b>		23b. ADDRESS <b>OREGON, MO.</b>	
23c. DATE SIGNED <b>JAN 24 50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>JAN. 24, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MAPLE GROVE</b>	
24d. LOCATION (City, town, or county) (State) <b>ORENO, MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>James H. Pettigrew</b>	
25. ADDRESS <b>Oregon Mo</b>		DATE REC'D BY LOCAL REG. <b>1-25-50</b>	
REGISTRAR'S SIGNATURE <b>J. T. ...</b>		122	

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



**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 *James H. Pitts*.....

Licensed Embalmer No. *3192*.....

P. O. Address *Oregon 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.