

S. No. 300
V. 10.48

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8453

451
0

BIRTH NO.		REG. DIST. NO. 140	PRIMARY REG. DIST. NO. 3024	Registrar's No. 17
1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		
c. LENGTH OF STAY (in this place) 1 Mo.		d. STREET ADDRESS (If rural, give location) 720 Sixth St.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital		4. DATE OF DEATH (Month) (Day) (Year) March 7 1950		
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) A.		c. (Last) Wilcox
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 13th, 1874	9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Osceola, Missouri
13a. FATHER'S NAME Newton Wilcox		13b. MOTHER'S MAIDEN NAME Jane Shipley		14. NAME OF HUSBAND OR WIFE Minnie Evans Wilcox
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Wilcox, Boonville, Mo.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Endarteritis of arteries DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 days 5 yrs. 4201
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 June 1946 , to Mar 7, 1950 , that I last saw the deceased alive on Mar 6, 1950 , and that death occurred at 6⁰⁰ A. M. , from the causes and on the date stated above.				
23a. SIGNATURE Mary G. Shaw (Degree or title) 0		23b. ADDRESS Fayette, Mo.		23c. DATE SIGNED 3-9-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 9th/1950		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove
24d. LOCATION (City, town, or county) (State) Boonville, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.		
DATE REC'D BY LOCAL REG. 3-9-50		REGISTRAR'S SIGNATURE Mary K. Shell 436		

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

RECEIVED MAR 14
District Health Officer No. 8,

District File Number

Date Filed 3-22-50

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 Walter Moyer

Licensed Embalmer No. 4491

P. O. Address Boonville, 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.