

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27728

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <i>Carroll</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Carroll</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Carrollton</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Carrollton</i>	
c. LENGTH OF STAY (in this place) <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>101 N. Monroe</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Atwood Hosp.</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>BESSIE</i> b. (Middle) <i>SCOVERN</i> c. (Last) <i>WILCOXSON</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 28 1951</i>			
5. SEX <i>Fe</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec 13, 1886</i>	9. AGE (In years last birthday) <i>64</i>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (State or foreign country) <i>Carrollton Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>J. G. Scovern</i>	13b. MOTHER'S MAIDEN NAME <i>May Hickok Jackson</i>	14. NAME OF HUSBAND OR WIFE <i>Wilcoxson</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Jackson Wilcoxson</i>	ADDRESS <i>Carrollton Mo.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Thrombosis</i>		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<i>4 1/2 wks</i>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	
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 *Jan 1*, 1951, to *Feb 28*, 1951, that I last saw the deceased alive on *Feb 28*, 1951, and that death occurred at *6 P* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Wm H. P. [Signature]</i> M.D.	23b. ADDRESS <i>Carrollton, Missouri</i>	23c. DATE SIGNED <i>3/2/51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3-3-1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oak Hill</i>	24d. LOCATION (City, town, or county) (State) <i>Carrollton Mo</i>
DATE REC'D BY LOCAL REG. <i>3/3/57</i>	REGISTRAR'S SIGNATURE <i>Mr. Herbert Calvert</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Standley Gibson</i> ADDRESS <i>Carrollton Mo</i>	

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

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**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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, W.

**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.