

FILED JUL 19 1951
7-18-51

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24182

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3057 Registrar's No. 224

1. PLACE OF DEATH a. COUNTY <i>St. Francis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St. Francis</i>	
b. CITY OR TOWN <i>Bonne Terre</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Flat River 0942</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bonne Terre</i>		d. STREET ADDRESS (If rural, give location) <i>22 Stanley</i>	
3. NAME OF DECEASED a. (First) <i>Mrs. Virginia</i> b. (Middle) <i>Estelle</i> c. (Last) <i>Wampler</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 2 1951</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 26-1897</i>
9. AGE (In years) (Months) (Days) <i>54 yrs. 6 days</i>		11. BIRTHPLACE (State or foreign country) <i>Miss La Motte, Mo</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>Mr. George Reeves</i>	
13b. MOTHER'S MAIDEN NAME <i>Catherine Smith</i>		14. NAME OF HUSBAND OR WIFE <i>Mr. George W. Wampler</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mr. George W. Wampler 22 Stanley Flat River, Mo</i>			
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) <i>Coronary thrombosis</i> ANTECEDENT CAUSES <i>Hypertensive heart disease</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Acute cholecystitis</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4201</i>	
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 <i>July 1, 1951</i> to <i>July 2, 1951</i> , that I last saw the deceased alive on <i>July 2, 1951</i> , and that death occurred at <i>5:33</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>J. L. Foster</i> (Degree or title) <i>MD</i>		23b. ADDRESS <i>Desloge Mo.</i>	
23c. DATE SIGNED <i>7-2-51</i>			
24a. BURIAL CREMATION REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>July 4-1951</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Park View Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Jarvisburg Mo</i>	
DATE REC'D BY LOCAL REG. <i>July 10, 1951</i>		REGISTRAR'S SIGNATURE <i>Ether Rindloff</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Alvin W. Hood</i>		ADDRESS <i>303 Crane St. Flat River, Mo</i>	

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL 14 1951

RECEIVED

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

Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Fairbury

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.