

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26363

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 304 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Carroll 0171</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>01710</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>M. WILCOXSON</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 10 1951</u>		
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5. SEX <u>Fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 6 1871</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Carrollton Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Robert G. Martin</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Jull</u>	14. NAME OF HUSBAND OR WIFE <u>R. H. Wilcoxson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ann Jones</u> ADDRESS <u>Carrollton Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1yr</u>
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*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES	DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.	_____

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>332X</u>
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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? _____
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22. I hereby certify that I attended the deceased from Dec 1, 1950, to Aug 10, 1951, that I last saw the deceased alive on Aug 10, 1951, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Pletch</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Carrollton, Missouri</u>	23c. DATE SIGNED <u>8-10-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 12 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>
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DATE REC'D BY LOCAL REG. <u>8/12/51</u>	REGISTRAR'S SIGNATURE <u>Tom Herbert</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Huber</u> ADDRESS <u>Carrollton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Ben W. Gibson

Licensed Embalmer No. 2906

P. O. Address Carrollton

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.