

FILED OCT 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31042**

BIRTH NO. <u>70736-51</u>		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>305</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Pettis</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> d. STREET ADDRESS (If rural, give location) <u>Woodland Clinic</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carolee</u> b. (Middle) c. (Last) <u>WILCOX</u>		4. DATE OF DEATH (Month) <u>9</u> (Day) <u>26</u> (Year) <u>51</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>9-26-51</u>		9. AGE (In years last birthday) <u>8</u> <u>1</u> <u>5</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	
11. BIRTHPLACE (State or foreign country) <u>SEDALIA, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JIMMY WILCOX</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Vansell</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Vansell, Sedalia, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY COLLAPSE</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ATELECTASIS</u> DUE TO (c) <u>PREMATURITY - 6 mos.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHILD WAS NON-VIABLE MOTHER WAS ONLY 6 mos. PREG.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u> <u>8 wks.</u> <u>8 wks.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒		7625	
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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>9-26-51</u> , to <u>9-26-51</u> , that I last saw the deceased alive on <u>9-26-51</u> , and that death occurred at <u>12:15</u> m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>M. Maunula M.D.</u>	
23b. ADDRESS <u>Sedalia, Mo.</u>		23c. DATE SIGNED <u>9/26/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>26 Sept 51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Benton MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. E. E. E. E.</u>		25. ADDRESS <u>Cole Camp, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-26-51</u>		REGISTRAR'S SIGNATURE <u>W. J. Campbell</u>		25. ADDRESS <u>Cole Camp, Mo.</u>		25. ADDRESS <u>Cole Camp, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-2-51

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.