

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43957

FILED JAN 23 1957 10410
BIRTH NO. 1 REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 5492 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Harrison County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Colfax Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Colfax Township 0410</u>	
c. LENGTH OF STAY (In this place) <u>47 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>N.E. of Eagleville, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harvey</u>	b. (Middle) <u>E</u>	c. (Last) <u>Wilcoxson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11 1951</u>
-------------------------------------	--------------------------	----------------------	----------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 11 1881</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
--------------------	-------------------------------	---	-------------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>John Wm Wilcoxson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Shrewatt</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy Elan Wilcoxson</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leleone Wilcoxson</u>	ADDRESS <u>Eagleville</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MASSIVE CEREBRAL Hemorrhage</u>		<u>3 Hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignant Hypertension</u> DUE TO (c) <u>CARDIO-VASCULAR Renal Disease</u>		<u>2 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>UNKNOWN</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Nov. 19, 1951, to Dec 11, 1951, that I last saw the deceased alive on Dec. 11, 1951, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clara Clarity D.O.</u>	23b. ADDRESS <u>BETHANY - Missouri</u>	23c. DATE SIGNED <u>12-13-51</u>
--	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 14/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Eagleville, Mo</u>
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Jan. 2-52</u>	REGISTRAR'S SIGNATURE <u>S. P. Shaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm A Marsh</u>	ADDRESS <u>Lamar, Ia</u>
---	---	--	--------------------------

(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.

Signed *Wm A Marsh*

Signed.....
Student Embalmer

Licensed Embalmer No. 4400

P. O. Address Lanai Is

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.