

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 652
Registrar's No. 10

FILED FEB 4 1952

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>5301</u>		Registrar's No. <u>10</u>			
1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>CLINTON</u>					
b. CITY OR TOWN <u>Rural Township 2 yr.</u>		c. LENGTH OF STAY (in this place) <u>3 yr.</u>		c. CITY OR TOWN <u>Rural Shoal.</u>		0250 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 miles south west of Cameron</u>				d. STREET ADDRESS (If rural, give location) <u>9 miles South west</u>					
3. NAME OF DECEASED (Type or Print) <u>JAMES</u>			a. (First)		b. (Middle) <u>WILCOX</u>		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>1 31 52</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>OCT-26-1868</u>	
9. AGE (In years last birthday) <u>83.</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (State or foreign country) <u>Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Wilcox</u>			13b. MOTHER'S MAIDEN NAME <u>Agnes Gehring</u>			14. NAME OF HUSBAND OR WIFE <u>Maddie Wilcox</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John R. Wilcox</u>		ADDRESS <u>Cameron</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, asthenia, 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>Myocardial Regurgitation</u>				II. OTHER SIGNIFICANT CONDITIONS <u>arteriosclerosis</u>				<u>5 year</u>	
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 <u>4210</u>						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) (Min.)		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 <u>Nov 3, 1951 to Jan 31, 1952</u> that I last saw the deceased alive on <u>Jan 25, 1952</u> and that death occurred at <u>1:20</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>A. O. Gulliland M.D.</u>				23b. ADDRESS <u>Cameron Mo</u>			23c. DATE SIGNED <u>Feb 1-1952</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-2-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osborn</u>		24d. LOCATION (City, town, or county) (State) <u>Osborn Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-1-52</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>		396-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 2 1953

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 Robert P. Poland

Licensed Embalmer No. 4727

P. O. Address Cameron MD

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.