

## STANDARD CERTIFICATE OF DEATH

9584

State File No. ....

10-48

FILED MAR 24 1952

BIRTH NO. 2471952

REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BONNE TERRE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BONNE TERRE</u> 1941	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>426 JACKSON ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>HENRY</u> c. (Last) <u>WILFONG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 11, 1952</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>JULY 24, 1887</u>		9. AGE (In years last birthday) <u>64</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ST. JOSEPH LEAD CO.</u>		11. BIRTHPLACE (State or foreign country) <u>PATTON Mo</u>	

13a. FATHER'S NAME <u>ISAAC WILFONG</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH ANN</u>		13c. NAME OF HUSBAND OR WIFE <u>GERTRUDE WILFONG</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>494-05-1864</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ROCKFORD WILFONG</u> ADDRESS <u>BONNE TERRE 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</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) _____		_____		_____	
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"/>	
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>4200</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 March 8, 1952, to March 11, 1952, that I last saw the deceased alive on March 10, 1952, and that death occurred at 2 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Taylor</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Bonne Terre Mo</u>		23c. DATE SIGNED <u>3-13-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 13, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PRIMROSE</u>	
24d. LOCATION (City, town, or county) (State) <u>R-1 BONNE TERRE Mo</u>		DATE REC'D BY LOCAL REG. <u>Mar. 13, 1952</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gerard J. Padlo</u>		ADDRESS <u>Bonne Terre Mo</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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *C. Lawrence J. Hayward*

Licensed Embalmer No. *3106*

P. O. Address *Geneva, New York*

**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.