

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

39713

State File No.

Register's No. 383

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Register's No. 383	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (In this place) 1 days		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia, Missouri			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				d. STREET ADDRESS (If rural, give location) 1002 S. Merriam			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
Floyd		Delaney		Wilcox		4. DATE OF DEATH Dec. 8, 1952	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Dec. 20, 1888		9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Miller County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jess Wilcox		13b. MOTHER'S MAIDEN NAME Nancy Jeffries		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willard E. Wilcox, Beaman, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) during the underlying cause last. DUE TO (b) Carcinoma upper left jaw  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 143X				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 building, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 July 24, 1951, to Dec 8, 1952, that I last saw the deceased alive on Dec 8, 1952, and that death occurred at 7:00 A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chas. Gordon Humphreys M.D.				23b. ADDRESS Sedalia, Missouri		23c. DATE SIGNED 12-8-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/10/52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Mo.	
DATE RECD BY LOCAL 12/9/52		REGISTRAR'S SIGNATURE W. E. Campbell M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thane Ewing Sedalia, Mo.			

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

*R. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Seaside Me*

**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.