

STANDARD CERTIFICATE OF DEATH

State File No. 86883

FILED APR 8 1953

BIRTH NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (In this place) 12 days	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		d. STREET ADDRESS (If rural, give location) 225 Alabama St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) MITTIE b. (Middle) MAE c. (Last) WILEGUS		4. DATE OF DEATH (Month) (Day) (Year) March 25, 53	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 6, 1889
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) St. Charles County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Bobbitt		13b. MOTHER'S MAIDEN NAME Sarah Morgan	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) No		16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elmer Boicourt, Mexico 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) Emphysema, Chronic Bronchitis, Abdominal (Impacted) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe Chronic lung DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.	
19a. DATE OF OPERATION X		19b. MAJOR FINDINGS OF OPERATION X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? X	
22. I hereby certify that I attended the deceased from 3-13 1953 , to 3-26 1953 , that I last saw the deceased alive on 3-26 1953 , and that death occurred at 9:20 m., from the causes and on the date stated above.			
23a. SIGNATURE Harry J. O'Brien, M.D.		23b. ADDRESS Mexico, Missouri	23c. DATE SIGNED 3-28-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 28, 53	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) (State) Mexico, Mo.
DATE REC'D BY LOCAL REG. Mar 28 1953	REGISTRAR'S SIGNATURE Blanche Kelly	25. FUNERAL DIRECTOR'S SIGNATURE Carl E. Pugh	ADDRESS Mexico, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

043

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 Earl E. Pugh

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.