

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24006**

FILED AUG 10 1953

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 870			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 15 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) 102 So. 17th St.					
3. NAME OF DECEASED (Type or Print) a. (First) LEROY b. (Middle) FRANK c. (Last) WILCOX			4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1953						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 20, 1886		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 10 HRS. Hours	IF UNDER 15 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector (Retired)		10b. KIND OF BUSINESS OR INDUSTRY DAIRY		11. BIRTHPLACE (City and State or Foreign Country) Sabetha, Kansas		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Charles Wilcox		13b. MOTHER'S MAIDEN NAME Lucina Campbell		14. NAME OF HUSBAND OR WIFE Mrs. Pearl Wilcox					
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. 499-18-4226		17. INFORMANT'S SIGNATURE OR NAME Mrs. Blanche Richardson		ADDRESS Des Moines, Iowa			
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) Arteriosclerotic Heart Disease with Congestive Failure						INTERVAL BETWEEN ONSET AND DEATH Unknown		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis						Unknown		
	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 4200						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 9/22 , 19 50 , to 8/3 , 19 53 that I last saw the deceased alive on 8/2 , 19 53 , and that death occurred at 12:30 AM from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Ann W. Hickey MD				23b. ADDRESS Tootle Building St. Joseph, Mo.			23c. DATE SIGNED 8/5/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 5/53	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Mo.				
DATE REC'D BY LOCAL REG. Aug. 8, 1953		REGISTRAR'S SIGNATURE Esther M. Allison		48510 25. FUNERAL DIRECTOR'S SIGNATURE Victor J. Barry		ADDRESS St. Joseph, 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

Victor J. Barry

Licensed Embalmer No. *4212*

P. O. Address *ST Joseph m*

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.