

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32124**

FILED OCT 9 1953

BIRTH NO. _____ REG. DIST. NO. **154** PRIMARY REG. DIST. NO. **5575** Registrar's No. **38**

2000

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Hickman Mills		c. LENGTH OF STAY (In this place) 7 mos.	c. CITY OR TOWN Odessa
d. FULL NAME OF HOSPITAL OR INSTITUTION 87th & Hillcrest Rd.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) EMMETT		a. (First) M. b. (Middle) WILCOX c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 10-1-53
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 28, 1867
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 86 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri
13a. FATHER'S NAME George Wilcox		13b. MOTHER'S MAIDEN NAME Sanders	14. NAME OF HUSBAND OR WIFE Minnie Ann 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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo. Wilcox, 437 E. 73 St., K.C.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) Acute Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Senility 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)	4221
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 Dec 15, 1952 to Oct 1, 1953 , that I last saw the deceased alive on Oct 1, 1953 , and that death occurred at 11:20 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Carl T. Mann		23b. ADDRESS W.O. 6425 E. 27th - K.C. 29mo	23c. DATE SIGNED 10-1-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-1-53	24c. NAME OF CEMETERY OR CREMATORY Odessa Cem.	24d. LOCATION (City, town, or county) (State) Odessa, Missouri
DATE REC'D BY LOCAL REG. 10/1/53	REGISTRAR'S SIGNATURE Dr. Bernice G. Hodges	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.	ADDRESS K.C.MO.

Mr. Carl T. Moore
will be here about 4:00 to sign.

T.O.D. 11:15 AM

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.....
Signature of Student Embalmer

Signed Gerald A. Burger.....

Licensed Embalmer No. 4263

P. O. Address K. C. 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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.