

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 7 - 1953

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5589 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural-Union Township		c. LENGTH OF STAY (in this place) 25 yrs	c. CITY OR TOWN rural Union Township
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route 3, Carthage		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Route 3, Carthage 0490	

3. NAME OF DECEASED (Type or Print) a. (First) RUTH b. (Middle) ELIZABETH c. (Last) WILKS			4. DATE OF DEATH (Month) (Day) (Year) Sept 28-1953		
--	--	--	---	--	--

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 15-1908	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
------------------	---------------------------	---	-----------------------------------	---------------------------------------	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Boone County, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
--	--	--	--	--	--	-------------------------------------	--

13a. FATHER'S NAME W. M. Dickey		13b. MOTHER'S MAIDEN NAME Jennie Lynn		14. NAME OF HUSBAND OR WIFE Heber B. Wilks	
------------------------------------	--	--	--	---	--

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 H.B. Wilks, Rte 3, Carthage, 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) <u>Cardiac failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized carcinomatosis</u> DUE TO (c) <u>Metastases to L. lung</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Primary unknown - bowel?</u> <u>Not offering correction path.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>approx 6 mos</u> <u>July 1953</u> <u>1999</u>	
---	--	--	--	--	--	--	--

19a. DATE OF OPERATION P+C July 1953	19b. MAJOR FINDINGS OF OPERATION Azyg + Radium St. Louis - Barnes - Aug 1953 <u>negative July 1953</u>					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) (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 Sept. 28, 1953, to _____, 19____, that I last saw the deceased alive on Sept 28, 1953 and that death occurred at 10:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>MD</u>		23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 9-29-53	
---	--	------------------------------	--	-----------------------------	--

24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 10-1-1953	24c. NAME OF CEMETERY OR CREMATORY Dudman Cemetery	24d. LOCATION (City, town, or county) (State) near Carthage, Mo		
---	------------------------	---	--	--	--

DATE REC'D BY LOCAL REG. 9-30-53	REGISTRAR'S SIGNATURE <u>Heber B. Clinto</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u>			
-------------------------------------	---	---	--	--	--

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

490

RECEIVED OCT 6 1953

Jasper County Health Office

County File Number 53-9-816

Date Filed OCT 6 1953

AUG 4 1953

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 *Frank W. Kneel*.....

Licensed Embalmer No... 4440

P. O. Address Carthage, 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.