

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36411

State File No.

FILED OCT 27 1953
BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Henry 0420	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor	
c. LENGTH OF STAY (In this place) 0 days			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium		d. STREET ADDRESS (If rural, give location) Route 4	

3. NAME OF DECEASED (Type or Print) Jeff	a. (First)	b. (Middle) Theodore	c. (Last) Wilborn	4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1953
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-23-90	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 100 Hrs. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Unknown 9	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME T. J. Wilborn	13b. MOTHER'S MAIDEN NAME Clemantine Yokley	14. NAME OF HUSBAND OR WIFE Pearl Wilborn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. 494-12-3246	17. INFORMANT'S SIGNATURE OR NAME ADDRESS San. records, Mo. S.S., Mt. Vernon, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart disease		prob. about 3 wks.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) bronchogenic carcinoma		prob. about 2 years
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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct. 13, 1953, to Oct. 21, 1953, that I last saw the deceased alive on Oct. 21, 1953, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. Hellweg M.D. 0	23b. ADDRESS Mt. Vernon, Mo.	23c. DATE SIGNED 10-21-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-21-53	24c. NAME OF CEMETERY OR CREMATORY Not known	24d. LOCATION (City, town, or county) (State) Windsor Mo
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DATE REC'D BY LOCAL REG. 10-21-53	REGISTRAR'S SIGNATURE Paul Handrick	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. B. Orr Mt. Vernon Mo
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(Licensed Embalmer's Signature on Reverse Side)

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

1073

UCT 8

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

Geo A Orr

Licensed Embalmer No.

946

P. O. Address

Mr Vernon 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.