

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43426

FILED DEC 15 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 554

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

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 OR TOWN RURAL JOPLIN TWN	c. LENGTH OF STAY (In this place) 30 YRS	c. CITY OR TOWN RURAL JOPLIN TWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL ROUTE 3		e. STREET ADDRESS (If rural, give location) RURAL ROUTE 3, JOPLIN, MO	

3. NAME OF DECEASED (Type or Print) WILLIAM T WILCUTT	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Dec 7 1953
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov 16 - 1869	9. AGE (In years last birthday) 84	If UNDER 1 YEAR Months	If UNDER 1 MRS. Days	If UNDER 1 HRS. Hours	If UNDER 1 MINS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SMELTER WORKER	10b. KIND OF BUSINESS OR INDUSTRY LEAD IND.	11. BIRTHPLACE (City and State or Foreign Country) GULFPORT IOWA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CHARLIE WILCUTT	13b. MOTHER'S MAIDEN NAME MARY GREGORY	14. NAME OF HUSBAND OR WIFE MINNIE WILCUTT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service) NONE	16. SOCIAL SECURITY NO. 500-09-4649	17. INFORMANT'S SIGNATURE OR NAME MINNIE WILCUTT	ADDRESS RURAL
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal cell carcinoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 type="checkbox"/> NO <input checked="" 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) (Min.)	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 **12-6**, 19**53** to **12-7**, 19**53**, that I last saw the deceased alive on **12-6**, 19**53** and that death occurred at **11:40 AM.**, from the causes and on the date stated above.

23a. SIGNATURE G. H. Hamilton, M.D.	(Name or title)	23b. ADDRESS E. H. HAMILTON, Frisco Bldg., Joplin, Mo.	23c. DATE SIGNED 12-10
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Dec 10 - 1953	24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY	24d. LOCATION (City, town, or county) (State) JOPLIN MISSOURI
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DATE REC'D BY LOCAL REG. 12-12-53	REGISTRAR'S SIGNATURE D. D. Jamner	25. FUNERAL DIRECTOR'S SIGNATURE W. H. BUT-GLOVER	ADDRESS MOBILE JOPLIN MO
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RECEIVED DEC 14 1953

Jasper County Health Office

County File Number 53-12-1002

Date Filed DEC 14 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..... *Dale Brown*

Licensed Embalmer No. 4543

P. O. Address Joplin 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.