

10527

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 2490

Registrar's No. 2490

No. 300

10.48

BIRTH NO. FILED MAR 25 1954		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips		e. STREET ADDRESS (If rural, give location) 21 2942 Pine 2219	
3. NAME OF DECEASED (Type or Print) a. (First) Mamie b. (Middle) c. (Last) Wilborn		4. DATE OF DEATH (Month) (Day) (Year) March 11, 1954	
5. SEX 2 F	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH July 5, 1909
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid		10b. KIND OF BUSINESS OR INDUSTRY Private Family	11. BIRTHPLACE (City and State or Foreign Country) / Durant, Mississippi
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME 7 Brown		13b. MOTHER'S MAIDEN NAME Lonnie Banks	14. NAME OF HUSBAND OR WIFE Willie Wilborn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willie Wilborn, 2942 Pine
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH Terminal Unknown			
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)			
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? 4201			
22. I hereby certify that I attended the deceased from 3-1, 1954, to 3-11, 1954; that I last saw the deceased alive on 3-5, 1954, and that death occurred at 3:40 p.m., from the causes and on the date stated above.			
23a. SIGNATURE R.E. Smith M.D.		23b. ADDRESS 11 N Jefferson	
23c. DATE SIGNED 3-16-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 17, 1954	
24c. NAME OF CEMETERY, OR CREMATORY Oakdale		24d. LOCATION (City, town, or county) (State) Leemay, Missouri	
DATE REC'D BY LOCAL REG. MAR 18 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D. HHC	
25. FUNERAL DIRECTOR'S SIGNATURE E. Kosovec		ADDRESS 1221 N. Grand	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
[Handwritten Signature]

Licensed Embalmer No. 458

P. O. Address 1221 N York

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.