

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI

FILED JUN 1 1954 STANDARD CERTIFICATE OF DEATH

16681

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>218</u>		PRIMARY REG. DIST. NO. <u>5790</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Missouri</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural "Wolf Island"</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Wolf Island, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>15 miles South East of E.P.</u>	
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> (Type or Print)				b. (Middle) <u>C.</u>		c. (Last) <u>WILBANKS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 24, 1954</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>July 28 - 1899</u>		9. AGE (In years last birthday) <u>54</u>		10. BIRTHPLACE (State or foreign country) <u>Camden, Tenn.</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		13a. FATHER'S NAME <u>Lord Wilbanks</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Bell King</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bertha Archie Dorena Mo.</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 <u>Instantly</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>May May 1954 3:30 p.m.</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Travis Shelby - Coroner</u>				23b. ADDRESS <u>East Prairie No. 5-24-54</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-26-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stovall Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Reeves, Tenn.</u>	
DATE REC'D BY LOCAL REG. <u>5-25-54</u>		REGISTRAR'S SIGNATURE <u>Gertrude G. Harber</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Travis W. Shelby East Prairie</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 28 1954

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed MAY 28 1954

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

Travis W. Shelby Jr.

Licensed Embalmer No. 4910

P. O. Address East Prairie 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 this body is not embalmed, fact should be so stated above.