

FILED JUN 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21800**

BIRTH NO. ~~391~~ REG. DIST. NO. **391** PRIMARY REG. DIST. NO. **6153** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY OR TOWN <b>Royal Pike Twp.</b> c. LENGTH OF STAY (in this place) <b>8 yrs</b>		c. CITY OR TOWN <b>NEAR Bell City</b> 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 <b>Royal Pike Twp.</b>		e. STREET ADDRESS (If rural, give location) <b>PIKE Twp. 1020</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rosswell</b> b. (Middle) <b>—</b> c. (Last) <b>Wilcox</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 22, 1954</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>May 11, 1863</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Not known</b>
13a. FATHER'S NAME <b>David Wilcox</b>		13b. MOTHER'S MAIDEN NAME <b>Not known</b>	14. NAME OF HUSBAND OR WIFE <b>NINA MAY Wilcox</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>NINA MAY Wilcox, Bell City, Mo.</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Diffuse Nephritis</b>  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. <b>Mitral Incompetency</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 months</b>           <b>1 year</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>592 X</b>	
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 <b>Oct. 1, 1954</b> to <b>Feb. 18, 1954</b> , that I last saw the deceased alive on <b>Feb. 18, 1954</b> , and that death occurred at <b>10:30 a.m.</b> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Oliphant M. Rivers D. O.</b>		23b. ADDRESS <b>Box 112 - Bell City, Mo.</b>	23c. DATE SIGNED <b>2-24-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-24-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Stoddard Co. Missouri</b>
DATE REC'D BY LOCAL REG. <b>2/24/54</b>	REGISTRAR'S SIGNATURE <b>Bernice Moore</b> 360-1	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm H Morgan - Attorney, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.