No. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3830

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 46

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

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico, Missouri
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Audrain County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: Centralia
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 118 North Barr

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3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Willard
c. (Last): Wilcox

4. DATE OF DEATH (Month) Feb. (Day) 25 (Year) 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 6, 1880
9. AGE (In years last birthday): 74 — If under 1 year: Months 4, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painting and Interior Decorating
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country): Boone County, Missouri 8
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Albert F. Wilcox
13b. MOTHER'S MAIDEN NAME: Sarah Drennon
14. NAME OF HUSBAND OR WIFE: Ada Jennings Wilcox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-18-0322
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. W. W. Wilcox, Centralia, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) C Perforated duodenal ulcer — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) B Peritonitis — 5 days
DUE TO (c) A Cardiac failure — 8 hr

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: Feb 23 1955
19b. MAJOR FINDINGS OF OPERATION: Perforated duodenal ulcer 5411
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 23, 1955, *to* Feb. 25, 1955, *that I last saw the deceased alive on* Feb 25, 1955, *and that death occurred at* 9:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William F. Jaeger M.D.
23b. ADDRESS: 112 N. Clark Mexico Mo
23c. DATE SIGNED: 2/26/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 27, '55
24c. NAME OF CEMETERY OR CREMATORY: City of Centralia
24d. LOCATION (City, town, or county) (State): Centralia, Missouri

DATE REC'D BY LOCAL REG.: Feb 26-1955
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Bell & Meador, Centralia, Missouri

(Licensed Embalmer's Statement on Reverse Side)

MAR 4 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bill J. Medlo

Licensed Embalmer No. 487

P. O. Address Centralia, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.