

FILED MAY 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11259**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **201**

1. PLACE OF DEATH a. COUNTY Cape Girardeau, County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Alexander 8/20	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau 0	c. LENGTH OF STAY (in this place) 8 days	c. CITY OR TOWN Olive Branch	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 St. Francis Hosp		STREET ADDRESS (If rural, give location) Rural Road District # 2	

3. NAME OF DECEASED (Type or Print) a. (First) Walter	b. (Middle) F.	c. (Last) Wilbourn	4. DATE OF DEATH (Month) (Day) (Year) 4 29 1955
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5. SEX Male 0	6. COLOR OR RACE Cau.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 9, 1883	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Mercantile	11. BIRTHPLACE (City and State or Foreign Country) Olive Branch, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William W. Wilbourn	13b. MOTHER'S MAIDEN NAME Julia Cokley	14. NAME OF HUSBAND OR WIFE Della Wilbourn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Della Wilbourn	ADDRESS Olive Branch Ill
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic cardio-vascular disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) vascular, renal disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary fibrosis		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4/2 X	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) (m.)	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 **2-4-1955**, to **4-29-1955**, that I last saw the deceased alive on **4-29-1955**, and that death occurred at **9:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles F. Wilson M.D.	23b. ADDRESS 714 Broadway, Cape Girardeau, Mo.	23c. DATE SIGNED 5-2-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-1-1955	24c. NAME OF CEMETERY OR CREMATORY Olive Branch Ill	24d. LOCATION (City, town, or county) (State) Olive Branch Ill
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DATE REC'D BY LOCAL REG. 5-3-55	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE W. C. Marchbanks	ADDRESS Caro, Ill.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 20 1961

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 *Lester C. Marchildon*.....

Licensed Embalmer No. *222*.....

P. O. Address *Cairo, Ga.*.....

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.