

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34025

BIRTH NO. _____		REG. DIST. NO. 199		PRIMARY REG. DIST. NO. 5731		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <b>MACON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>MACON</b>				
b. CITY OR TOWN <b>Rural - White</b>		c. LENGTH OF STAY (in this place) <b>5 yrs.</b>		c. CITY OR TOWN <b>-</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>Route - 149</b>				e. STREET ADDRESS (If rural, give location) <b>R.F.D #1 Ethel 0610</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elmer</b>			b. (Middle) _____		c. (Last) <b>Wilcox</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 13 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Oct. 27, 1885</b>		9. AGE (In years last birthday) <b>69 yr 11</b>	10. MONTHS <b>16</b>	11. HOURS <b>16</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>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MACON, County</b>		12. CITIZEN OF WHAT COUNTRY? <b>AMERICAN</b>		
13a. FATHER'S NAME <b>George Marmoduk Wilcox</b>			13b. MOTHER'S MAIDEN NAME <b>Deliah A. WAKLEY</b>		14. NAME OF HUSBAND OR WIFE <b>Goldie Meeks</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. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Warren E. Rice - Ethel Mo.</b> ADDRESS _____				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Asphyxiation</b> <b>metastatic Bronchogenic Carcinoma</b> DUE TO (c) <b>none</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>				INTERVAL BETWEEN ONSET AND DEATH <b>162X</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>inoperable carcinoma of lung</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. HOW DID INJURY OCCUR? <b>none</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from <b>8/22/55, 1955, to 10/13/55, 1955</b> , that I last saw the deceased alive on <b>Oct. 13, 1955</b> , and that death occurred at <b>2:45 P.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>John R. Ruffer D.O.</b>				23b. ADDRESS <b>Riversville 800 W. Jefferson Mo</b>		23c. DATE SIGNED <b>10-14-55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Oct. 16, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>DuPont Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Ethel, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>10/15/1955</b>		REGISTRAR'S SIGNATURE <b>Raphuel D. Novotny 1941</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ralph D. Novotny</b> ADDRESS <b>Bucklin, Mo.</b>				

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

(20)

RECEIVED 10-20-55  
MACON COUNTY HEALTH DEPARTMENT

County File No. 10-55-174

Date Filed 10-21-55

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*E. A. Larson*

Licensed Embalmer No. 403

P. O. Address *Beetlin,*

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