

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22960

State File No. 400  
Registrar's No. 400

FILED AUG 2 - 1956

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>4051</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Quin</u>		c. LENGTH OF STAY (in this place) <u>15 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Quin</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Sister</u>			d. STREET ADDRESS (If rural, give location) <u>0120</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) <u>BRADLEY</u>		c. (Last) <u>WILBURN</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 1956</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Whiten</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 6 1865</u>		9. AGE (In years last birthday) <u>91</u> IF UNDER 1 YEAR: Months <u>3</u> Days <u>16</u> IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Cape County, Missouri</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>Jack Wilburn</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lonnie Wilburn, Flint, Michigan</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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal hypostatic Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>  ANTECEDENT CAUSES DUE TO (b) <u>Senility</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>794x</u> YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>1/1, 1956</u> , to <u>7/21, 1956</u> , that I last saw the deceased alive on <u>7/21, 1956</u> , and that death occurred at <u>2:40a m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Wallace Belsey, MD</u>			23b. ADDRESS <u>Campbell, Mo.</u>		23c. DATE SIGNED <u>7/24/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 23 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gregory Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Missouri</u>
DATE RECD BY LOCAL REG. <u>7/27/56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Landess Funeral Home Campbell, Mo.</u>	

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

RECEIVED

JUL 30 1956

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

**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

*Christina M. Lardner*

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.