

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025988

FILED VS AUG 12 1959 2/17

Registration District No. 3045 Primary Registration District No. 59 Registrar's No.

STATE FILE NUMBER

DED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Mississippi</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Charleston</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>		c. CITY OR TOWN <b>Charleston</b>	
Length of stay in lb <b>5 mos.</b>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>216 S. Locust St.</b>		d. STREET ADDRESS (If outside, give location) <b>216 S. Locust St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Henrietta</b> Middle <b>Wilburn</b> Last				4. DATE OF DEATH Month <b>July</b> Day <b>30</b> Year <b>1959</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col.</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/24/59</b>	9. AGE (last birthday) <b>5</b>	IF UNDER 1 YEAR Months <b>5</b> Days	IF UNDER 24 HR Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Baton Rouge, La.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>K.C. Wilburn</b>			13b. MOTHER'S MAIDEN NAME <b>Thelma Martin</b>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mo. K.C. Wilburn, 216 S. Locust St. Chas.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
IMMEDIATE CAUSE (a) <b>acute enterocolitis &amp; diarrhea</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour <b>11:22</b> a.m. p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>July 28/59</b> and last saw her <b>July 28/59</b> alive on <b>July 28/59</b>				Death occurred at <b>11:22</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>D. P. Linton D.D. in a.s.</b> (Degree or title)			22b. ADDRESS <b>Wyatt, Mo</b>			22c. DATE SIGNED <b>7/30/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug. 4, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		23d. LOCATION (City, town, or county) <b>Charleston Missouri</b>		(State)
24. FUNERAL DIRECTOR <b>D. P. Spinks</b> ADDRESS <b>Charleston, Missouri</b>			25. DATE RECD. BY LOCAL REG. <b>8-5-59</b>		26. REGISTRAR'S SIGNATURE <b>Dorothy B. Hawthorn</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 13 1959

SEP 9 19

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

**This body was not embalmed**

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Oliver H. Stohmer

Licensed Embalmer No. 4190

P. O. Address Charles

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