

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-039330**

STATE FILE NUMBER

FILED VS. DEC. 2 1959

Registration District No. 2 Primary Registration District No. 4122 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nixa</b>	Length of stay in 1b <b>72 years</b>	c. CITY OR TOWN <b>Nixa</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>no street address</b>

3. NAME OF DECEASED (Type or print) First <b>WALTER</b> Middle <b>DALLH</b> Last <b>WILCOX</b>			4. DATE OF DEATH Month <b>November</b> Day <b>15</b> Year <b>1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 7, 1887</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
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>Dairy &amp; Stockman</b>	11. BIRTHPLACE (City and state or country) <b>Nixa, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		
13a. FATHER'S NAME <b>Isaac Wilcox</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Dallh</b>		14. NAME OF HUSBAND OR WIFE <b>Fionnu Johnson</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. <b>494445617</b>	17. INFORMANT <b>Clay Wilcox</b>		Address <b>Nixa, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>medullary failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Toxemia</b>			
DUE TO (c) <b>hypostatic pneumonia</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Similarity</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ 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 <b>Nixa, Missouri</b>	COUNTY _____ STATE _____
21. I attended the deceased from <b>5-9-55</b> to <b>11-15-59</b> and last saw him alive on <b>11-15-59</b> Death occurred at <b>5:30</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <b>Harold Shaffer Do.</b>		22b. ADDRESS <b>Nixa, Mo.</b>	22c. DATE SIGNED <b>11-18-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/18/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Jones Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Nixa, Missouri</b>
24. FUNERAL DIRECTOR <b>J. Jean Harris,</b> ADDRESS <b>Clever, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 24, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Oline Hutter</b>

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**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 *J.lean Harris*

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.