

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

**=60-004389**

**FILED VS. FEB 15 1960**

**317**

Registration District No. **541**

Primary Registration District No. **328**

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	<b>ST. LOUIS</b>	a. STATE	<b>Mo.</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	<b>Ballwin</b>	b. COUNTY	<b>ST. LOUIS</b>
Length of stay in 1b	<b>DAYS</b>	c. CITY OR TOWN	<b>Kinloch</b>
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION	<b>ST. LOUIS County</b>	d. STREET ADDRESS (If outside, give location)	<b>8344 5th Ave</b>
Inside Limits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
<b>Lillie Wilburn</b>			<b>1</b>	<b>30</b>
			<b>60</b>	
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)
<b>Female</b>	<b>Negro</b>		<b>7/6/20</b>	<b>39</b>
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)	12. CITIZEN OF WHAT COUNTRY	
<b>MAID</b>		<b>Huntsboro, ALA.</b>	<b>USA</b>	

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
<b>Unknown</b>	<b>Sallie Henderson</b>	<b>Odie Wilburn</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
<b>No</b>	<b>423-28-6933</b>	<b>Odie Wilburn</b>
		Address
		<b>8344 5th Ave</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
IMMEDIATE CAUSE (a)	<b>Carcinomatosis</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>metastasis from ovary cancer.</b>	
	DUE TO (c) <b>Melanosis!</b>	

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 type="checkbox"/> No <input checked="" 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	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>12-31-59</b> to <b>1-30-60</b> and last saw her <sup>him</sup> alive on <b>1-30-60</b>		
Death occurred at <b>6:23 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>John B. Mumfley, M.D.</b> (Degree or title)	22b. ADDRESS <b>601 So. Brentwood</b>	22c. DATE SIGNED <b>2-4-60</b>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>Burial</b>	<b>2/5/60</b>	<b>Washington Park</b>	<b>Berkeley Mo.</b>
24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<b>Price Funeral Home</b>	<b>2829 Washington</b>	<b>2-2-60</b>	<b>John B. Mumfley, M.D.</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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address St. Louis

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.