

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS

OCT 13 1960

278

Primary Registration District No. 3054

Registrar's No. 123

60-035737

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana, Mo.		c. CITY OR TOWN Bowling Green, Mo.	
Length of stay in 1b 6mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike Co. Hospital		d. STREET ADDRESS 409 W. Main	
3. NAME OF DECEASED (Type or print) First Middle Last Effie Besley Wilcoxon		4. DATE OF DEATH Month Day Year Oct. 5, 1960	
5. SEX F	6. COLOR OR RACE B	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-1-1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY *****	11. BIRTHPLACE (City and state or country) Pike Co. Mo.
13a. FATHER'S NAME Thomas Besley		13b. MOTHER'S MAIDEN NAME Sarah Ford	12. CITIZEN OF WHAT COUNTRY U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No *****		14. NAME OF HUSBAND OR WIFE Thomas H. Wilcoxon	
16. SOCIAL SECURITY NO. *****		17. INFORMANT Address Dr. William Wilcoxon Bowling Green Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis DUE TO (b) Carcinoma of Brain DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 7 months 1 yr
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 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 Month, Day, Year 4 p.m.			
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 4/19/60 to 10/5/60 and last saw her ^{her} _{him} alive on 10/5/60 Death occurred at 3:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Chas H Lewellen MD</i> (Degree or title)		22b. ADDRESS Louisiana, Missouri	22c. DATE SIGNED 10/7/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 7, 1960	23c. NAME OF CEMETERY OR CREMATORY Bowling Green	23d. LOCATION (City, town, or county) (State) Bowling Green, Mo.
24. FUNERAL DIRECTOR Bankhead Chapel, Bowling Green, Mo.		25. DATE RECD. BY LOCAL REG. Oct 10 - 60	26. REGISTRAR'S SIGNATURE <i>Bernice Collier</i>

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 Harold Kirks

Licensed Embalmer No. 4597

P. O. Address Bowling

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.