

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032083

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 112

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0860
20860

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4 0
5 1
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9605X
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12 90-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

FILED SEP 4 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Putnam		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Powersville		a. STATE Mo. b. COUNTY Putnam	
c. FULL NAME OF HOSPITAL OR INSTITUTION		Length of stay in lb 40 yrs		c. CITY OR TOWN Powersville	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Middle Last James Harley Wilcox			Month Day Year Aug. 26, 62		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-1-1877	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months 2 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired railroad		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Putnam Co. Mo.	
13a. FATHER'S NAME John Wilcox		13b. MOTHER'S MAIDEN NAME Elizabeth Grimes		14. NAME OF HUSBAND OR WIFE Effie Wilcox	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Effie Wilcox-Powersville, Mo	
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) Chronic nephritis					
DUE TO (b) Chronic cystitis and prostatitis					
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 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. Month, Day, Year 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 8-12-62 to 8-12-62 and last saw him alive on 8-12-62 Death occurred at 4:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J.W. McDonald, D.O.			22b. ADDRESS Unionville, Mo		22c. DATE SIGNED 8-28-62
23. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
B		8-28-62	Powersville Cem.		Powersville, Mo.
24. FUNERAL DIRECTOR F.O. Husted & Son-Unionville, Mo.			25. DATE RECD. BY LOCAL REG. 8-28-1962		26. REGISTRAR'S SIGNATURE Marvell Durbin

USE BLACK INK OR TYPEWRITER RIBBON

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 Murphy Husted

Licensed Embalmer No. 3304

P. O. Address Monroeville, 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.