

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000202

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 30 Primary Registration District No. 5104 Registrar's No. 6

FILED JAN 28 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF:

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>BENTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BENTON</u>	
b. CITY: (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARSAW (Rural)</u> Length of stay in 1b <u>5 years.</u>		c. CITY OR TOWN <u>WARSAW</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION <u>Rocket Star Rn</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rocket Star Rn</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>TERRANCE FRANKLIN WILCOX</u> First Middle Last			4. DATE OF DEATH <u>Jan 23 1963</u> Month Day Year
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 16, 1892</u>
9. AGE (last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>7</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ford assembly Line</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ford plant.</u>	11. BIRTHPLACE (City and state or country) <u>Parson, Kansas</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Wilcox</u>	
13b. MOTHER'S MAIDEN NAME <u>M^e Nair</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel B. Wilcox</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>No</u>		16. SOCIAL SECURITY NO. <u>64</u>	
17. INFORMANT <u>Hazel B. Wilcox</u>		Address <u>Rocket Star Rn Warsaw, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u> Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Atherosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>	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 <u>never</u> to <u>never</u> and last saw him <u>never</u> alive on <u>never</u> Death occurred at <u>11:30</u> A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John F. Reser (Benton Co. Coroner)</u>		22b. ADDRESS <u>Warsaw, MO</u>	22c. DATE SIGNED <u>1/24/63</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan 26, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shady Grove Cemetery</u>	23d. LOCATION (City, town, or county) <u>Rocket Benton Co. MO.</u>
24. FUNERAL DIRECTOR <u>John F. Reser</u>	ADDRESS <u>Warsaw, MO</u>	25. DATE RECD. BY LOCAL REG. <u>Jan. 26-1963</u>	26. REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED JAN 5 2 48 PM

FEB 5 1963
JAN 30 1963

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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 John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.