

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Turner
State File No. 993

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (In this place) 26 Yrs.		d. STREET ADDRESS (If rural, give location) 1302 No. Grant St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1302 No. Grant			

3. NAME OF DECEASED (Type or Print) a. (First) Ethel b. (Middle) R. c. (Last) Wilks			4. DATE OF DEATH (Month) (Day) (Year) Feb. 11. 49		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 23. 1900		9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Aurora, Missouri				12. CITIZEN OF WHAT COUNTRY? U. S. A.			

13a. FATHER'S NAME Ranson Ashen			13b. MOTHER'S MAIDEN NAME Tina (Unknown)			14. NAME OF HUSBAND OR WIFE Virgil Wilks		
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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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Virgil Wilks Springfield			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypertensive cardiovascular disease with congestive failure		DUE TO (b) _____					
		ANTECEDENT CAUSES		DUE TO (c) _____					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 1, 1947, to Feb. 11, 1949, that I last saw the deceased alive on Feb. 8, 1949, and that death occurred at 4:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) I. Turner, M.D.		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 2/11/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/13/49		24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK SPOON TOWN		24d. LOCATION (City, town, or county) (State) Springfield, Mo.	
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DATE REC'D BY LOCAL REG. 2-12-49		REGISTRAR'S SIGNATURE W. J. Handley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman H. Lohmeyer Springfield Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 20 1949

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
Student Embalmer

Signed Walter E. Daniels

Licensed Embalmer No. 3848

P. O. Address Springfield 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 this body is not embalmed, fact should be so stated above.