

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

300

48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 4328 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bertrand</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bertrand</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Residence 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>WILMURTH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 21 1949</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Oct. 23 1896</u>		9. AGE (in years last birthday) <u>52</u>		IF UNDER 1 YEAR: Months <u>7</u> Days <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	

13a. FATHER'S NAME <u>Edd Wilmurth</u>		13b. MOTHER'S MAIDEN NAME <u>Zoa Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Zella Wilmurth</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Zella Wilmurth</u> ADDRESS <u>Bertrand Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion (sudden)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs 1</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		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 checked="" 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)	
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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?	
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22. I hereby certify that I attended the deceased from June 21, 1949, to June 21, 1949, that I last saw the deceased alive on June 21, 1949, and that death occurred at June 21 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. G. Martin M.D.</u>		23b. ADDRESS <u>Edwards Mo.</u>		23c. DATE SIGNED <u>6-24-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 24 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>W. O. W. Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>East Prairie Mo.</u>	

DATE REC'D BY LOCAL REG. <u>July 11-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Helen Bondurant</u>		196 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Shelby East Prairie</u> ADDRESS	
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RECEIVED JUL 16 194
District Health Office No. 2,
District File Number 749-235
Date Filed _____

JUL 21 1944
JUL 21 1944

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.

Signed _____

Travis Shelby

Signed _____

Student Embalmer

Licensed Embalmer No. _____

2726

P. O. Address _____

East Prairie, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.