

FILED DEC 28 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40927

42

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 9023 Registrar's No. 277

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1 Mi South of Rockville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frieda</u> b. (Middle) <u>Sylvia</u> c. (Last) <u>Wilt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-21-1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr 24-1919</u>
9. AGE (In years last birthday) <u>30</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Norman Lindeman</u>		13b. MOTHER'S MAIDEN NAME <u>Anna M Bellack</u>	
14. NAME OF HUSBAND OR WIFE <u>Austin C Wilt</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Norman Lindeman</u> ADDRESS <u>Rockville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushing injury of chest</u> ANTECEDENT CAUSES DUE TO (b) <u>Auto accident</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Fractured right arm and fractured left leg.</u> 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"/>			
21a. ACCIDENT (Specify) <u>Automobile</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 13</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clinton W Henry Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 21 1949 6:00 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Collision (auto and truck)</u>			
22. I hereby certify that I attended the deceased from <u>Dec. 21</u> , 19 <u>49</u> to _____, 19____, that I last saw the deceased alive on <u>Dec. 21</u> , 19 <u>49</u> and that death occurred at <u>8:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James Smith D.M.D.</u> (Degree or title)		23b. ADDRESS <u>Clinton, Missouri</u>	
23c. DATE SIGNED <u>Dec. 22, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-24-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Cross City Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Rockville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec-24-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u> 4221	
25. FUNERAL DIRECTOR'S SIGNATURE <u>SICKMAN & DUNNING</u>		ADDRESS <u>Clinton Mo</u>	

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

APR 5 1950

RECEIVED
District Health Officer No. 7,
District File Number 11-49-150
Date Filed 12-27-49

APR 28 1951

MAY 1 1951
MAY 2 1951

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 Robert S. Dunning

Licensed Embalmer No. 476

P. O. Address Clinton 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.