

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

5441

State File No. ....

FILED FEB 16 1952

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Little Blue RURAL PRAIRIE</u>			c. LENGTH OF STAY (in this place) <u>3 das</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atherton Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Emergency Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>Main Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Edward</u>		b. (Middle) <u>Elias</u>		c. (Last) <u>Wiltfong</u>	
4. DATE OF DEATH		(Month) <u>Jan.</u>		(Day) <u>25.</u>		(Year) <u>1952</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>Aug. 19. 1862</u>		9. AGE (In years last birthday) <u>89</u>	Months <u>5</u>	Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmng on average type farm</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mill Creek - Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Wiltfong</u>		13b. MOTHER'S MAIDEN NAME <u>Priscilla Dawson</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Josie Wiltfong</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
				<u>none</u>		<u>Mrs. Josie Wiltfong-Atherton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cerebral Hemorrhage</u>					<u>5 days</u>
		ANTECEDENT CAUSES <u>Left C. stroke - no ins. plegia</u>					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Alters - Sclerosis &amp; hy. pertension</u>					
		DUE TO (b) <u>Alters - Sclerosis &amp; hy. pertension</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS <u>Senescence</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 <u>331X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		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 <u>1-20-1952</u> to <u>Jan. 25, 1952</u> , that I last saw the deceased alive on <u>1-24, 1952</u> , and that death occurred at <u>9:30 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Allen</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>Independance Mo.</u>		23c. DATE SIGNED <u>1-25-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan. 27. 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Six Mile Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sibley Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-28-52</u>		REGISTRAR'S SIGNATURE <u>Douglas C. Emschaw</u>		378 FUNERAL DIRECTOR'S SIGNATURE <u>J. M. Reppert</u>		ADDRESS <u>Buckner Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0480

**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 V. M. Reppert

Licensed Embalmer No. 4 3 1 1

P. O. Address Buckner 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.