

FILED NOV 23 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38881

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4212 Registrar's No. 238

4420

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

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>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BIG CREEK (RURAL)</u>		c. LENGTH OF STAY (In this place) <u>35 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BIG CREEK TOWNSHIP</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BLAIRSTOWN MO RT 1</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>WILLCOCKSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 18 1953</u>
5. SEX <u>WHITE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 20 1895</u>
9. AGE (In years last birthday) <u>57</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WINDSOR MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WINDSOR MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>GEORGE W. STUART</u>	13b. MOTHER'S MAIDEN NAME <u>MARIE STELLI MOSLEY</u>	14. NAME OF HUSBAND OR WIFE <u>WALTER A. WILLCOCKSON</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>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WALTER WILLCOCKSON</u> ADDRESS <u>BLAIRSTOWN 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, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of lungs</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"/>	
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 <u>June 8, 1951</u> , to <u>Nov-18, 1953</u> , that I last saw the deceased alive on <u>11-18, 1953</u> , and that death occurred at <u>1 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. J. Powell</u> (Degree or title) <u>Doc</u>	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>Nov-18</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>NOV. 20 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CARPENTER</u>	24d. LOCATION (City, town, or county) (State) <u>JOHNSON COUNTY MO.</u>
DATE REC'D BY LOCAL REG. <u>Nov-20-53</u>	REGISTRAR'S SIGNATURE <u>Fluence Adair</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Fred Johnson</u>	ADDRESS <u>Clinton Mo.</u>

NOV 25 1938

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

F. L. Schaberg

Licensed Embalmer No. *44513*

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.