

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2651**
Registrar's No. **0143**

FILED JAN 26 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR Lenzburg TOWN	
c. LENGTH OF STAY (In this place) 7 hours		d. STREET ADDRESS (If rural, give location) \$128	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Wilbur b. (Middle) J. c. (Last) Case	4. DATE OF DEATH (Month) Jan. (Day) 7, (Year) 1954							
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 1, 1894	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	10b. KIND OF BUSINESS OR INDUSTRY Mechanical	11. BIRTHPLACE (City and State or Foreign Country) Owatonna, Minnesota	12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William J. Case	13b. MOTHER'S MAIDEN NAME Mary Elise	14. NAME OF HUSBAND OR WIFE Myrtle Case	
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. none	17. INFORMANT'S SIGNATURE OR NAME Myrtle Case	ADDRESS Lenzburg, Illinois

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinosis of liver		
	ANTECEDENT CAUSES Morbidity 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 checked="" type="checkbox"/> NO <input 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 5810
22. I hereby certify that I attended the deceased from Apr 9, 1948 , to Jan 7, 1954 , that I last saw the deceased alive on Jan 7, 1954 , and that death occurred at 12:00 p.m., from the causes and on the date stated above.		

23a. SIGNATURE Wanda Beckel	(Degree or title) M. S. G.	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 1-7-54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Jan. 7, 1954	24c. NAME OF CEMETERY OR CREMATORY Lenzburg	24d. LOCATION (City, town, or county) (State) Lenzburg Illinois.

DATE REC'D BY LOCAL REG. JAN 7 1954	REGISTRAR'S SIGNATURE J. Carl Smith md	25. FUNERAL DIRECTOR'S SIGNATURE Leet H. Pull	ADDRESS New Athens, Ill.
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 1911

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 Geo. H. Hull

Licensed Embalmer No. 2973

P. O. Address Marissa, Illinois

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.