

No. 300
10-48

DR BOLGAR

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19448

State File No.

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 461

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FESTUS</u>		c. CITY OR TOWN <u>UNIVERSITY CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>2 WEEKS</u>		e. STREET ADDRESS (If rural, give location) <u>7370 PERSHING</u> <u>4349</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MOUNTAIN VIEW NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>WILFONG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 1 1954</u>	
5. SEX <u>F</u>	6. COLOR (OR RACE) <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 21, 1902</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOMESTIC</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (Months) (Days) <u>51 8 10</u> IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>BONNE TERRE MO</u>
13a. FATHER'S NAME <u>BARTHOLOMEW WILSON</u>		13b. MOTHER'S MAIDEN NAME <u>CLARA FRANCES THOMURE HARRY</u>	14. NAME OF HUSBAND OR WIFE <u>WILFONG</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give unit or date of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>496-38-7150</u>	17. INFORMANT'S SIGNATURE OR NAME <u>PARKER WILSON</u> ADDRESS <u>CRYSTAL CITY MO</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of breast</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>W</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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 <u>170 X</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?
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22. I hereby certify that I attended the deceased from June 27, 1954, to June 30, 1954, that I last saw the deceased alive on June 30, 1954, and that death occurred at 8:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>7/3/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 3, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH'S</u>	24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE MO</u>
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DATE REC'D BY LOCAL REG. <u>7-3-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 502	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Bonham & Co Bonne Terre Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**JEFFERSON COUNTY HEALTH DEPT.
WILLSBORO, MISSOURI**

DATE RECEIVED.

1961

6 JAN

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *2709*

P. O. Address *Boonville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.