

FILED JUN 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17080

State File No. ....

BIRTH NO. ....

REG. DIST. NO. 210PRIMARY REG. DIST. NO. 4322Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Princeton</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Princeton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) <u>A.</u> c. (Last) <u>Wilcox</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-31-1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>4-19-1881</u>
9. AGE (to years last birthday) <u>75yrs.</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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	11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer-County</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Overton</u>	
13b. MOTHER'S MAIDEN NAME <u>Harriet Lindsay</u>		14. NAME OF HUSBAND OR WIFE <u>John H. Wilcox</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>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Francis Swingle</u>		ADDRESS <u>Princeton 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial insufficiency --Instanteous</u>  ANTECEDENT CAUSES DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) <u>Generalized arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Addison's Disease</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 years</u> <u>Unknown</u> <u>2 years</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4 201</u>	
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) (Minute)	
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>11-13</u> , 19 <u>55</u> , to <u>5-31</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-29</u> , 19 <u>56</u> , and that death occurred at <u>8:45 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank H. Zuber MD</u>		23b. ADDRESS <u>Princeton, Missouri</u>	
23c. DATE SIGNED <u>6-2-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6-3-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairly Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Mercer-County- Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Martin Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>6-4-56</u>		REGISTRAR'S SIGNATURE <u>Paul Nass</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Martin Funeral Home</u>		ADDRESS <u>Princeton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

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, ~~only~~ ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Anna L. Greenlee*

Licensed Embalmer No. *396*

P. O. Address *Tinsville*

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.