FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37299
STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 100

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital — Length of stay in 1b 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Chariton
c. CITY OR TOWN Triplett 0219 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Jack Middle Thomas Last Wilcox

4. DATE OF DEATH Month 11 Day 23 Year 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH July 24-1882

9. AGE (In years last birthday) 74 — 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) Insurance Adjustor

10b. KIND OF BUSINESS OR INDUSTRY same

11. BIRTHPLACE (City and state or country) Tama Iowa

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Ira Wilcox

14. MOTHER'S MAIDEN NAME Miss Hand

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) xx

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. J. T. Wilcox Address Triplett, Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Inst.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary schlerosis — 5 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic glomerulo-nephritis 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug. 1952, to Nov. 23, 1956 and last saw ~~her~~ him alive on Nov 21 "56
Death occurred at 9:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kenneth L. Rosenbaum

22b. ADDRESS Triplett, Mo

22c. DATE SIGNED 11-23-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11-24-1956

23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery

23d. LOCATION (City, town, or county) Kansas City (State) Mo.

24. FUNERAL DIRECTOR L. W. Hessel ADDRESS Brunswick

25. DATE RECD. BY LOCAL REG. 11-23-56

26. REGISTRAR'S SIGNATURE Mrs Herbert Calvert

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FEB 1 0 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.