

FILED DEC 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42044

STATE FILE NUMBER

Registration District No. 175

Primary Registration District No. 5036

Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <b>Lawrence:</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Aurora</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Verona</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Aurora Hospital</b>		Length of stay in lb <b>1 day</b>	d. STREET ADDRESS <b>Gen. Del.</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Tom</b> Middle <b>Wilks</b> Last <b>Wilks</b>			4. DATE OF DEATH Month <b>November</b> Day <b>30</b> Year <b>1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 24, 1879</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>rt. Farmer</b>		100. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	9. AGE (In years last birthday) <b>77</b>
11. BIRTHPLACE (City and state or country) <b>Lawrence County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>John C. Wilks</b>		14. MOTHER'S MAIDEN NAME <b>Maratha Ann Ball</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>4222</b>	
17. INFORMANT <b>Jay Wilks;</b> Address <b>Verona, Missouri.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 wk ±</b> <b>1 wk ±</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cardiac Decompensation</b> DUE TO (c) <b>Chr. Myocarditis</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>4222</b>	
20c. TIME OF INJURY Hour <b>10:30 p.</b> Month <b>11</b> Day <b>30</b> Year <b>1956</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Verona</b> COUNTY <b>Missouri</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>11/30/56</b> to <b>11/30/56</b> and last saw her/him alive on <b>11/30/56</b> at <b>10:30 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Ernest Glover M.D.</b> (Degree or title)			22b. ADDRESS <b>124 1/2</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec. 2, 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Spring-River Cemetery</b>
24. FUNERAL DIRECTOR <b>Marsh Funeral Directors, Aurora, Mo.</b>		23d. LOCATION (City, town, or county) <b>Verona, Missouri.</b>	
25. DATE RECD. BY LOCAL REG. <b>12-27-56</b>		26. REGISTRAR'S SIGNATURE <b>Ora M. Natt</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Public Health Service

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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 *Mary J. [Signature]*, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Oscar L. Marsh*

Licensed Embalmer No. 38

P. O. Address *Quora*

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.