

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006808
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>St. Francois.</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, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Lemay</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp.</u>		Length of stay in lb <u>20 min.</u>	d. STREET ADDRESS (If outside, give location) <u>1243 Fain Drive</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Katherine Lea Wilfong</u>			4. DATE OF DEATH Month Day Year <u>Feb. 7 1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-7-59</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>20</u>
11. BIRTHPLACE (City and state or country) <u>Bonne Terre, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13a. FATHER'S NAME <u>William R. Wilfong</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Belle Byington.</u>	14. NAME OF HUSBAND OR WIFE
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>None</u>	17. INFORMANT <u>Anna Belle Wilfong</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity (30 weeks)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>76.5</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Anoxia from Premature Placental Separation.</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>Feb. 7 1959</u> to <u>Feb. 9, 1959</u> and last saw <u>her</u> alive on <u>Feb. 7, 1959</u> Death occurred at <u>9:00 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Marvin J. Haw, J. MD</u>		22b. ADDRESS <u>Bonne Terre, Mo</u>	22c. DATE SIGNED <u>2/5/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>FEB 8 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pigg Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo</u> <u>Mo</u>
24. FUNERAL DIRECTOR <u>C. J. Boyer & Son</u>	ADDRESS <u>Bonne Terre, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 8, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only statements transmitted to them to the extent they are causally related.

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 *X B T Royal*

Licensed Embalmer No. *3668*
P. O. Address *Alcalá, N.M.*

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.