

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012755

STATE FILE NUMBER

FILED MAY 15 1959

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 149

300  
1-57

|  |                                  |   |   |  |   |
|--|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cole</u>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Jefferson City</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>New Bloomfield</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Charles E. Still Hospital</u>  |                                  | Length of stay in 1b  | d. STREET ADDRESS <u>Main St.</u> (If outside corporate location)   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>JOSEPH MORTIMORE WILLCOXEN</u>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>May 12, 1959</u>   |  |   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Sept. 9, 1906</u>  | 9. AGE (In years last birthday)<br><u>52</u>                     | IF UNDER 1 YEAR<br>Months <u>8</u> Days <u>3</u>                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Special Road District - Mo., Highway Dept.</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>Holts Summit, Mo.</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |
| 13a. FATHER'S NAME<br><u>Ella Willcoxon</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Eva N. Willcoxon</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Opal I. Williams Willcoxon</u> |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>490-09-5212</u>   | 17. INFORMANT Address<br><u>Mrs. Opal Willcoxon New Bloomfield, Mo.</u>   |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterio sclerotic heart disease</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>4200</u> |                                  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>15 minutes</u><br><u>5 to 10 years</u>         |
| 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<br>Hour Month, Day, Year<br>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>May 12, 1959</u> to <u>May 12, 1959</u> and last saw <sup>her</sup> him alive on <u>May 12, 1959</u><br>Death occurred at <u>5:45 P m</u> on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><u>AP Boucher DO.</u>  |                                  | 22b. ADDRESS<br><u>Jefferson City, Mo</u>   |   | 22c. DATE SIGNED<br><u>5-13-59</u>                               |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 23b. DATE<br><u>May 15, 1959</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Union Hill Cemetery</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>Callaway Co., Mo.</u>             |
| 24. FUNERAL DIRECTOR<br><u>Nich Buescher</u>   |                                  | ADDRESS<br><u>Jemo</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>14 May 1959</u>               | 26. REGISTRAR'S SIGNATURE<br><u>R. P. Davis, M.D.-M.R.</u>                            |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Victor Buescher*

Licensed Embalmer No. *3701*

P. O. Address *J.C.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.