. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-022269
STATE FILE NUMBER

FILED JUN 26 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN: Matthews Big Prairie Twp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): R#1, Matthews — Length of stay in hospital: 2 months

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

3. NAME OF DECEASED (Type or print): First: Lizzie Middle: Garland Last: Wilbur

4. DATE OF DEATH: Month: June Day: 10 Year: 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept. 28, 1879
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months: 8 Days: 12 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: Harve Brenofield
13b. MOTHER'S MAIDEN NAME: Sis Hemby
14. NAME OF HUSBAND OR WIFE: Charles Wilbur

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: W. W. Scott Address: Matthews, Mo. R#1

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Generalized Carcinomatosis
Primary Uterus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 174 X
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 26 May 59 to 6 June 59 and last saw her/him alive on 6 June 59
Death occurred at ..... m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Charles C. Clark M.D. (Degree or title)
22b. ADDRESS: New Madrid, Mo.
22c. DATE SIGNED: 14 June 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-12-59
23c. NAME OF CEMETERY OR CREMATORY: Morgan Memorial Park
23d. LOCATION (City, town, or county) (State): Advance Mo.

24. FUNERAL DIRECTOR: Wm. H. Morgan ADDRESS: Advance, Mo.
25. DATE RECD. BY LOCAL REG.: 6/15/59
26. REGISTRAR'S SIGNATURE: Fay Hedgpeth.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

DATE RECEIVED JUN 23 1959
NEW MADRID CO. HEALTH CENTER

JUL 7 1959

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 Wm H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, Mo.

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.