

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024935

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. \_\_\_\_\_ Registrar's No. 183

AMENDED

FILED AUG 14 1961

|  |                                       |  |   |
|--|---------------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>  |                                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Big Creek Twp</u>                          | Length of stay in 1b<br><u>43 yrs</u> | c. CITY OR TOWN <u>Blainston</u>   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>At Home Blainston Mo 6201</u> |                                       | d. STREET ADDRESS (If outside, give location)<br><u>R 7 D 1 (Big Creek Twp)</u>  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|  |                                  |   |  |   |   |
|--|----------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>WALTER A WILCOCKSON</u>                       |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>Aug 5 1961</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>1-6-1893</u>  | 9. AGE (last birthday)<br><u>68</u>       | IF UNDER 1 YEAR<br>Months Days<br><u>6 29</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farmer</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Henry County Missouri</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u> |   |

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME<br><u>James B Wilcockson</u>  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Etta Johnson</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Ruby C Wilcockson</u>                          |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> |   | 16. INFORMANT<br><u>Ruby C Wilcockson</u><br>Address<br><u>Blainston Mo 6201</u> |

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|---|-----------------------------------|---|
| 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>Coronary infarct</u> |                                   | INTERVAL BETWEEN ONSET AND DEATH<br><u>Sudden</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <u>angina pectoris</u> |   |
|   | DUE TO (c) _____                  |   |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female, was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|---|---|

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|--|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour a.m. p.m.<br>Month, Day, Year                              | 20d. INJURY OCCURRED WHILE AT WORK <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 2-13-60 to Aug 5, 61 and last saw him her alive on July 29, 61  
Death occurred at 2 Am. A m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                   |  |
|---|-----------------------------------|--|
| 22a. SIGNATURE<br><u>[Signature]</u><br>(Degree or title)                                   | 22b. ADDRESS<br><u>Clinton Mo</u> | 22c. DATE SIGNED<br><u>8/7/61</u>                                |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                  | 23b. DATE<br><u>8-7-61</u>        | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Carpenter</u>           |
| 24. FUNERAL DIRECTOR<br><u>Schaberg Funeral Home</u><br>ADDRESS<br><u>Clinton, Missouri</u> |                                   | 23d. LOCATION (City, town, or county)<br><u>Henry County Mo.</u> |

|   |   |
|---|---|
| 25. DATE RECD. BY LOCAL REG.<br><u>Aug. 7, 1961</u> | 26. REGISTRAR'S SIGNATURE<br><u>Hildred Bigum</u> |
|---|---|

DATE FORWARDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

AUG 24 1961

**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 F. J. Schaberg

Licensed Embalmer No. 4513  
P. O. Address Clinton 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.