

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2310

BIRTH NO. _____		REG. DIST. NO. <u>299</u>		PRIMARY REG. DIST. NO. <u>6028</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>			
b. CITY OR TOWN <u>Monterey</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>90</u> OR TOWN <u>Monterey</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lesterville Township</u>				d. STREET ADDRESS (If rural, give location) <u>Lesterville Township</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ada</u> b. (Middle) <u>Belle</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29 1949</u>				
5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 28 1874</u>	9. AGE (In years last birthday) <u>74</u>	# UNDER 1 YEAR Month Day	# UNDER 1 HR. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Reynolds Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Marion Johnston</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Adams</u>		14. NAME OF HUSBAND OR WIFE <u>James F. Wilson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Irvin O. Wilson 2037a Ann Ave. St. Louis Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>15-5T</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1/11</u> , 19 <u>48</u> , to <u>1/29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1/27</u> , 19 <u>49</u> , and that death occurred at <u>3:4</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. M. Fitzpatrick M.D.</u>				23b. ADDRESS <u>Lesterville Mo</u>		23c. DATE SIGNED <u>2/2/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-31-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Johnston</u>		24d. LOCATION (City, town, or county) (State) <u>Monterey Mo.</u>		
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>E. M. Fitzpatrick</u> <u>270</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home Tronton Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-4-49
District Health Officer No. 5,
District File Number 249112
Date Filed 2-5-49

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.

Signed Arnold J. White.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3412.....

P. O. Address Montrose New.....

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 this body is not embalmed, fact should be so stated above.