

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5555

State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION Mo.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Star Route, Palmyra Mo.</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEVERING Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Garrett</u> b. (Middle) <u>E</u> c. (Last) <u>WILSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 10-1889</u>		9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
11. BIRTHPLACE (State or foreign country) <u>Rall Co, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u>			

13a. FATHER'S NAME <u>Henry C. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Rebba STEARS</u>		14. NAME OF HUSBAND OR WIFE <u>Lola</u>	
--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lola Wilson Star Route Palmyra Mo.</u>	
				ADDRESS <u>Star Route Palmyra Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Myocardial Infarction</u>		DUE TO (b) <u>Valvular heart disease & myocarditis</u>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Sepsis</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4331</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 11/15, 1948, to Jan 29, 1949, that I last saw the deceased alive on Jan 29, 1949, and that death occurred at 7 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Hill M.D.</u>		23b. ADDRESS <u>Palmyra Mo.</u>		23c. DATE SIGNED <u>2/8/49</u>	
--	--	------------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 31, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BARTLEY CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>N.W. LONDON Mo.</u>	

DATE REC'D BY LOCAL REG. <u>2/15/49</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u>	
		By <u>W. E. Fisher</u> Deputy		ADDRESS <u>Hannibal Mo.</u>	

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

Serge H. Magee Jr.
working under my personal supervision.

Student Embalmer No. *298*

Signed.....
Student Embalmer

Signed *A. M. O'Donnell*

Licensed Embalmer No. *3889*

P. O. Address *Hospital*

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.