

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7611**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **97**

1. PLACE OF DEATH a. COUNTY <b>CALLAWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONTOGOMERY</b>	
b. CITY OR TOWN <b>FULTON</b>		c. CITY OR TOWN <b>JONESBURG</b>	
c. LENGTH OF STAY (In this place) <b>14 days</b>		d. STREET ADDRESS (If rural, give location) <b>10</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No 1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>M</b> c. (Last) <b>WILSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 25 1949</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 19, 1876</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Bellefleur, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>American</b>
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13a. FATHER'S NAME <b>Lozano Wilson</b>	13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Uffner</b>	14. NAME OF HUSBAND OR WIFE <b>Adrian May Wilson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Unknown</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>State Hospital No. 1, Records</b>	ADDRESS <b>Fulton, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRONCHOPNEUMONIA</b>		
	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. <b>HYPERTENSION - VASCULAR</b>			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>None</b>
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22. I hereby certify that I attended the deceased from **11 March, 1949**, to **25 March, 1949**, that I last saw the deceased alive on **25 March, 1949** and that death occurred at **11:55 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Henry Wayne Hefelty, M.D.</b>	23b. ADDRESS <b>Fulton Missouri</b>	23c. DATE SIGNED <b>25 Mar 49</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>None</b>	24b. DATE <b>March 29</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lowenberg</b>	24d. LOCATION (City, town, or county) (State) <b>Lowenberg, Mo</b>
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DATE REC'D BY LOCAL REG <b>Mar 25 1949</b>	REGISTRAR'S SIGNATURE <b>Josec Morawickoff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul A. Harding</b>	ADDRESS <b>Lowenberg Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 9,

District File Number

MAR 28 1949

Date Filed

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 .....  
Student Embalmer

Signed *Carl A. Harding*

Licensed Embalmer No. *4115*

P. O. Address *Jonesburg 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 this body is not embalmed, fact should be so stated above.