

FILED APR. 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7722

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <i>Christian</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <i>MO.</i> b. COUNTY <i>Cochran</i>	
b. CITY OR TOWN <i>Ozark Mo. Rural</i>	c. LENGTH OF STAY (in this place) <i>20 yrs</i>	c. CITY OR TOWN <i>Ozark Mo. Emory Township</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Residence Ozark Mo.</i>		d. STREET ADDRESS <i>Emory Township</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>S. A.</i> b. (Middle) <i>Wilson</i> c. (Last) <i>Wilson</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 23 1949</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify)	8. DATE OF BIRTH <i>March 6 - 1886</i>	9. AGE (In years last birthday) <i>62 yrs</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Fernow</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Fernow</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>John Wilson</i>	13b. MOTHER'S MAIDEN NAME <i>Julia Mason</i>	14. NAME OF HUSBAND OR WIFE <i>not living</i>
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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 <i>Wilbur Wilson</i>	ADDRESS <i>Ozark Mo.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>2-24-49</i>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Uterine Heart Disease</i>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Angina Pectoris</i>		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	4214		

19a. DATE OF OPERATION <i>None</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from *Aug 1st*, 1946, to *Feb. 22*, 1949, that I last saw the deceased alive on *July 20*, 1949, and that death occurred at *3:00* p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J. T. Wade M.D.</i>	23b. ADDRESS <i>Ozark Mo</i>	23c. DATE SIGNED <i>3-1-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>Feb 25 49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Selmore</i>	24d. LOCATION (City, town, or county) (State) <i>Cochran County Mo</i>
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DATE REC'D BY LOCAL REG. <i>March 10 1949</i>	REGISTRAR'S SIGNATURE <i>Louetta Leonard</i>	59	25. FUNERAL DIRECTOR'S SIGNATURE <i>T. B. Chapman</i>	ADDRESS <i>Ozark Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
STATE DEPT. OF HEALTH
DIVISION OF HEALTH
449-323
4-4-49

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.

Student
Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.