

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15623**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5465		Registrar's No. 443			
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-N. Campbell Twp		c. LENGTH OF STAY (In this place) 11 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-N. Campbell Township		39 0 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1305 N. Clifton Avenue				d. STREET ADDRESS (If rural, give location) 1305 N. Clifton, Mo.					
3. NAME OF DECEASED (Type or Print) a. (First) MARISSA			b. (Middle) AMANDA			c. (Last) WILSON			
4. DATE OF DEATH (Month) (Day) (Year) May 17 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH December 20, 1872		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 4 Days 17		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (State or foreign country) Stone County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Noah Maples		13b. MOTHER'S MAIDEN NAME Mary Webb		14. NAME OF HUSBAND OR WIFE Deceased					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Reva Wilson ADDRESS Springfield, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 45 min.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				DUE TO (b) Chr myocardial disease					
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>								4301	
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) (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 5-7 , 1949 , to 5-16 , 1949 , that I last saw the deceased alive on 5-14 , 1949 , and that death occurred at 7:00A m., from the causes and on the date stated above.									
23a. SIGNATURE <i>W. H. Handley</i>		(Degree or title) MD - D		23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 5-20-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-20-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Caramel Cemetery		24d. LOCATION (City, town, or county) (State) So. Nixa, Mo.			
DATE REC'D BY LOCAL REG. 5-20-49		REGISTRAR'S SIGNATURE <i>W. H. Handley</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. L. Dunn</i>		ADDRESS Springfield, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

W. H. Mc Carr

Licensed Embalmer No. *2727*

P. O. Address. *Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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