No. 300
10.48

67

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16669

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5790 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Wolf Island
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miss (67)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): PINK
b. (Middle): MARIZEY
c. (Last): WILSON

4. DATE OF DEATH (Month) (Day) (Year): April 22 1949

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 15, 1888
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 11, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tenn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Billie Wilson
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Bob Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Bob Wilson — ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 3.34X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 22 1949, *to* April 22 1949, *that I last saw the deceased alive on* April 22 1949, *and that death occurred at* 1:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. P. Fenton D.D.
23b. ADDRESS: Wyatt Mo
23c. DATE SIGNED: 5-27-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 25, 1949
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove
24d. LOCATION (City, town, or county) (State): Charleston Mo.

DATE REC'D BY LOCAL REG.: June 4, 1949
REGISTRAR'S SIGNATURE: Anna Harper Deply 197
25. FUNERAL DIRECTOR'S SIGNATURE: Travis Shelby — ADDRESS: East Prairie

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2
District File Number 649-64
Date Filed 6-6-49

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 Travis Shelby

Signed ..... Student Embalmer

Licensed Embalmer No. 2726

P. O. Address East Prairie

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.