

FILED AUG 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22468  
Registrar's No. 131

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>502 East Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>Henry</u>	
		c. (Last) <u>Wilson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 2 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>July 27 1893</u>
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 18 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clay</u>	
11. BIRTHPLACE (State or foreign country) <u>Corryville Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Joseph Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Tribble</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs Madge Wilson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>497-07-1039</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Madge Wilson</u>		ADDRESS <u>Vandalia Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis.</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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 <u>Aug 1, 1949</u> to <u>Aug 2, 1949</u> , that I last saw the deceased alive on <u>Aug 2, 1949</u> , and that death occurred at <u>9 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank Miller</u>		23b. ADDRESS <u>Mexico, Mo.</u>	
23c. DATE SIGNED <u>Aug 2 1949</u>			
24a. BURIAL (CREMATION) REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 4 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 3 1949</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Swaters</u>		ADDRESS <u>Vandalia Mo</u>	

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

RECEIVED AUG 8 1949  
District Health Officer No.  
District File Number 8-49-1  
Date Filed AUG 8 1949

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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.