

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31506

93

BIRTH NO. _____ REG. DIST. NO. 314 215 PRIMARY REG. DIST. NO. 6066 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) Eldorado Spgs, Route		c. CITY (If outside corporate limits, write RURAL and give township) Eldorado Springs	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Rural - Roscoe township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Roscoe Township			

3. NAME OF DECEASED (Type or Print) a. (First) Norma		b. (Middle) Jean		c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) 8 12 1949	
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH May 19, 1946	
9. AGE (In years last birthday) 3		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) Eldorado Spgs., Mo. R. 4		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Earl Wilson		13b. MOTHER'S MAIDEN NAME Velma James		14. NAME OF HUSBAND OR WIFE X	
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. X		17. INFORMANT'S SIGNATURE OR NAME Earl Wilson, Eldorado Spgs., Mo.	
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.		19. MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
Morbidity 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) usage river		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Roscoe St. Clair Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 12 1949 9am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell from motor boat 93	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9 a.** m., from the causes and on the date stated above.

23a. SIGNATURE <i>James B. Handrich Osceola Mo</i>		23b. ADDRESS Osceola Mo		23c. DATE SIGNED 8/24/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 15, 1949		24c. NAME OF CEMETERY OR CREMATORY Pleasant Springs	
24d. LOCATION (City, town, or county) (State) El Dorado Spgs R. 4 Mo.		25. FUNERAL DIRECTOR'S SIGNATURE <i>James B. Handrich Osceola Mo</i>		ADDRESS Osceola Mo	
DATE REC'D BY LOCAL REG. 9-1-49		REGISTRAR'S SIGNATURE <i>Ruth Seaman</i>		288	

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

RECEIVED
District Health Officer No. 7;
District File Number 8-49-1137
Date Filed 9-22-49

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 J. B. Brundick

Licensed Embalmer No. 3038

P. O. Address Cassola 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.