

FILED NOV 10 1949

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH
State File No. **33710**

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>66</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette, Mo.</u>		c. LENGTH OF STAY (In this place) <u>14 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McCune</u>		14 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Lee Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>-----</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leslie Edwin</u> b. (Middle) <u>Edwin</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23, 1949</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 9, 1886</u>		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Store</u>		11. BIRTHPLACE (State or foreign country) <u>McCune Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Charles Moore Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Francis Carns</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie V. East</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John Dick Fayette, Missouri</u>			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins Disease</u>  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. <u>201X</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>-----</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>March 1, 1949</u> to <u>Oct 23, 1949</u> , that I last saw the deceased alive on <u>10-23, 1949</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Bloom</u> (Degree or title)				23b. ADDRESS <u>Fayette Mo</u>		23c. DATE SIGNED <u>10-24-49</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/24/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McCune Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>McCune Kansas</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 24, 1949</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Carr</u>		ADDRESS <u>Fayette, Mo.</u>	

RECEIVED NOV 8

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-9-49

SEP 10 1950

**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 \_\_\_\_\_  
Student Embalmer

Signed Ralph A. Carr  
Licensed Embalmer No. 3340

P. O. Address Fayette 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.