

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40403

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 422

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	
c. LENGTH OF STAY (in this place) 3 Years		d. STREET ADDRESS (If rural, give location) Saults Addition	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 E 8th St.,			

3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) A c. (Last) Wilson			4. DATE OF DEATH (Month) (Day) (Year) Dec. 24 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH June, 19, 1881	9. AGE (In years last birthday) 68	10. UNDER 1 YEAR 5 Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Callaway Co., Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Roy Wilson		13b. MOTHER'S MAIDEN NAME Mary Griffin		14. NAME OF HUSBAND OR WIFE Annie Wilson	
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. Annie Wilson	
ADDRESS Fulton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 10 min.		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			5 yrs.		
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			4-2-1		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 12-24, 1949, to 12-24, 1949, that I last saw the deceased alive on 12-24, 1949, and that death occurred at 2:30 P m., from the causes and on the date stated above.

23a. SIGNATURE John G. Brown M.D.		23b. ADDRESS Fulton, Mo.		23c. DATE SIGNED 12-27-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 27, 1949		24c. NAME OF CEMETERY OR CREMATORY Dry Fork Cemetery		24d. LOCATION (City, town, or county) (State) S.W. Rural Callaway Co Mo	
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DATE REC'D BY LOCAL REG. Dec 27-1949		REGISTRAR'S SIGNATURE Margetta Lawrence 426		25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home		ADDRESS Fulton Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

114
12

APR 21 1950

District File Number

District Health Officer No. 9

RECEIVED JAN 4 1950

AUG 30 1951

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. 339

working under my personal supervision.

Student Russell C. Mag
Student Embalmer

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Hutton, Md.

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.