

No. 300
10. 48

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 41529

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

BIRTH NO. _____		REG. DIST. NO. 164		PRIMARY REG. DIST. NO. 3032		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Warrensburg		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		51 2 0			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 309 Jackson Street				d. STREET ADDRESS (If rural, give location) 309 Jackson					
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) Birch		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 Nov. 20, 1857			
9. AGE (In years) 92		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Pharmacist		10b. KIND OF BUSINESS OR INDUSTRY Pharmacist		11. BIRTHPLACE (State or foreign country) Warsaw, Missouri			
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Joel Yancey Wilson		13b. MOTHER'S MAIDEN NAME Mary Birch		14. NAME OF HUSBAND OR WIFE Emma Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas H. Wilson Warrensburg, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized arteriosclerosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i> DUE TO (c) ✓ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 4500	
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 <input type="checkbox"/> 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 July 19 48, 19 to 12-24-1949, that I last saw the deceased alive on 12-23, 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>W. H. Harmon</i>				23b. ADDRESS <i>Warrensburg, Mo.</i>		23c. DATE SIGNED <i>12-28-49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12-26-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oscola Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Oscola Mo.</i>			
DATE REC'D BY LOCAL REG. <i>12-24-49</i>		REGISTRAR'S SIGNATURE <i>Sarannah Pentecost</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>B. Goodrich Oscola, Mo.</i>					

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 Ray Miller.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4492

P. O. Address Orinda, 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.