

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41676

State File No.
Registrar's No. 87

FILED JAN 4 1950

BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308

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

1. PLACE OF DEATH a. COUNTY <u>McDONALD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>Salina</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NOEL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SALINA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NOEL MISSOURI</u>		d. STREET ADDRESS (If rural, give location) <u>3</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MABLE</u>	b. (Middle) <u>NANA</u>	c. (Last) <u>WILSON</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>AUG 29 1949</u>

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 15 1889</u>	9. AGE (In years last birthday) <u>59</u>	If UNDER 1 YEAR Months	If UNDER 2 HRS. Hours	If UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>HOUSEWIFW</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>CLYDE KANSAS</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Wm S ROACH</u>	13b. MOTHER'S MAIDEN NAME <u>ABBIE HATCHKISS</u>	14. NAME OF HUSBAND OR WIFE <u>FRED WILSON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>FRED WILSON</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>carcinoma of breast</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>176A</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 15, 1949, to Aug 27, 1949, that I last saw the deceased alive on Aug 29, 1949, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>M.D. Fountain M.D.</u> (Degree or title)	23b. ADDRESS <u>Moel Mo</u>	23c. DATE SIGNED <u>Dec 14, 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT 2 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND PARK</u>	24d. LOCATION (City, town, or county) (State) <u>PITTSBURG</u>
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DATE REC'D BY LOCAL REG. <u>12-14-49</u>	REGISTRAR'S SIGNATURE <u>423 Mayme Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W E ELLSWORTH</u>	ADDRESS <u>PITTSBURG</u>
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RECEIVED DEC 20 1949

District Health Office No. 6,

District File Number 1249-1405

Date Filed DEC 28 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 J. M. Humphrey, Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, 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.