

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41787

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 73

1. PLACE OF DEATH: a. COUNTY <i>Mississippi</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <i>Missouri</i> b. COUNTY <i>Miss.</i>		
b. CITY (If outside corporate limits, write RURAL and give township) <i>East Prairie</i>		c. LENGTH OF STAY (in this place) <i>13 yrs</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>East Prairie</i>		d. STREET ADDRESS (If rural, give location) <i>Residence 1</i>
3. NAME OF DECEASED (Type or Print) a. (First) <i>RICHARD</i> b. (Middle) <i>HENRY</i> c. (Last) <i>WILSON</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 19, 1949</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>May 8, 1909</i>	9. AGE (In years last birthday) <i>40</i>	10. IF UNDER 1 YEAR (Months) <i>7</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	11. BIRTHPLACE (State or foreign country) <i>De Witt, Ark</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Wilson</i>		13b. MOTHER'S MAIDEN NAME <i>Connie Mae Burke</i>		14. NAME OF HUSBAND OR WIFE <i>Annie E. Wilson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>unk</i>		16. SOCIAL SECURITY NO. <i>✓</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Annie Wilson East Prairie, Mo.</i>		
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) <i>Cancer Liver</i> ANTECEDENT CAUSES Morbid 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. <i>156A</i>				INTERVAL BETWEEN ONSET AND DEATH <i>one year</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <i>Dec 18, 1949</i> , to <i>Dec 19, 1949</i> that I last saw the deceased alive on <i>Dec 18, 1949</i> , and that death occurred at <i>2:45 P.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>A. G. Martin M.D.</i>			23b. ADDRESS <i>East Prairie, Mo.</i>		23c. DATE SIGNED <i>12-29-49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Dec 20, 49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>W.O.W. Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>East Prairie, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Jan 5, 1950</i>	REGISTRAR'S SIGNATURE <i>Annie Harper</i>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Harold Melby East Prairie</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 1-9
Miss. Co. Health Dept
County File No. _____
Date Filed JAN 12 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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____
Signed *Harold Shelby* _____

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.