

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9985

State File No.

880
4
Ruled?

BIRTH NO.		REG. DIST. NO. <u>295</u>		PRIMARY REG. DIST. NO. <u>6015</u>		Registrar's No. <u>97-</u>		
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Huntsville</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stanberry</u>		<u>0380</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>				
3. NAME OF DECEASED (Type or Print) <u>Jess Moore Wilson</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>3/11/50</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>2/14/1868</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days <u>- 25</u>	IF UNDER 24 HRS. Hours Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer--harness</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>/</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Sydney Wilson</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Cooper</u>		14. NAME OF HUSBAND OR WIFE <u>Nettie Wilson</u>			
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>Mo. J. R. Sharp</u>			ADDRESS <u>Moberly</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> 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 <u>D.K.</u> <u>D.K.</u> <u>4921</u>	
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) 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>Mar 10, 1950</u> , to <u>Mar 11, 1950</u> , that I last saw the deceased alive on <u>Mar 10, 1950</u> , and that death occurred at <u>6:38 m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>D. J. Dreyer M.D.</u>				23b. ADDRESS <u>Huntsville Mo</u>		23c. DATE SIGNED <u>3/12/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/13/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge - @</u>		24d. LOCATION (City, town, or county) (State) <u>Stanberry Gentry Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-18-50</u>		REGISTRAR'S SIGNATURE <u>W. A. Barnhart</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Marion E. Milligan</u>		ADDRESS <u>Moberly Mo.</u>		

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

RECEIVED MAR 22 1950
District Health Officer No. 10
District File Number 3-50-50
Date Filed MAR 22 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.

Student
Student Embalmer

Signed *Marian E. Gillion*.....

Licensed Embalmer No. *3957*.....

P. O. Address *Moberly Missouri*.....

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.