

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u> RURAL <u>St. Francois</u>		c. LENGTH OF STAY (in this place) <u>2Y, 2M, 20 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		0164
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			d. STREET ADDRESS <u>Unknown</u> (If rural, give location) <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>GENERAL</u> b. (Middle) <u>MONROE</u> c. (Last) <u>WILSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1950</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>March 10, 1896</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR: Months <u>1</u> Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>9</u>
13a. FATHER'S NAME <u>General Monroe Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Juley Morris</u>	14. NAME OF HUSBAND OR WIFE <u>Julia Woods Wilson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion - - - - -</u>	Instantaneously				Unknown.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				Unknown.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Vascular syphilis - - - - -</u>				Unknown.
DUE TO (c)	II. OTHER SIGNIFICANT CONDITIONS				023X
Conditions contributing to the death but not related to the disease or condition causing death.	<u>Psychosis with syphilitic meningo-encephalitis (general paresis).</u>				023X
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 <u>Jan. 13, 1948</u> , to <u>April 12, 1950</u> that I last saw the deceased alive on <u>April 12, 1950</u> and that death occurred at <u>6:30A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John A. Bremer</u> (Degree or title)			23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>4-22-50.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>April 22, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Univ. Anat. Dept., St. Louis, Missouri</u>	24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>May 4, 1950</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozean Funeral Home, Farmington, Mo.</u>		

RECEIVED

MAY 8 1950

DISTRICT HEALTH OFFICE No. 4

File No. 550-622

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 *C. H. Cozcan* _____

Licensed Embalmer No. *4084* _____

P. O. Address *Farmington, Ct.* _____

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.