

FILED JUN 13 1950

STANDARD CERTIFICATE OF DEATH

State File No. _____
REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 200 Registrar's No. 63

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

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Butler</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Butler</u> 0070	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. Butler</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>		b. (Middle) <u>W.</u>	
		c. (Last) <u>Wilson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>6-8-50</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>March 23, 1876</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>John S. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Was Single</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lizzie Jane Remsberg-Altoona, Kansas</u>
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) <u>MONOCYTIC LEUKEMIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CACHEXIA</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>2 Mo.</u>	
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., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>April 27, 1950</u> , to <u>June 7, 1950</u> , that I last saw the deceased alive on <u>June 7, 1950</u> , and that death occurred at <u>4:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John M. Cooper M.D.</u>		23b. ADDRESS <u>Butler, MO</u>	23c. DATE SIGNED <u>June 8, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-10-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Iola, Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Iola, Kansas</u>
DATE REC'D BY LOCAL REG. <u>June 9, 1950</u>	REGISTRAR'S SIGNATURE <u>Sundell Torrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John S. Underwood Butler, Mo.</u>	

RECEIVED 6-12-50
District Health Officer No. 7,
District File Number 5-50-630
Date Filed 6-12-50

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 Embalmer No.

Signed Robert S. Steinbeck

Signed
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler, 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.