

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20839

BIRTH NO.		REG. DIST. NO. 181	PRIMARY REG. DIST. NO. 5676	Registrar's No. 15
1. PLACE OF DEATH a. COUNTY <i>Lincoln</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <i>Missouri</i> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) <i>Rural Millwood</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis 2269</i>		
c. LENGTH OF STAY (In this place) <i>3 days</i>		d. STREET ADDRESS (If rural, give location) <i>3834 N. W. 1st</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3 mile north Davis mo</i>				
3. NAME OF DECEASED (Type or Print)		a. (First) <i>JIMMIE</i>	b. (Middle) <i>ZELL</i>	c. (Last) <i>WILSON</i>
4. DATE OF DEATH (Month) (Day) (Year) <i>6-21-50</i>				
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>	8. DATE OF BIRTH <i>Mar 27 1941</i>	9. AGE (In years last birthday) <i>9</i>
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <i>Student</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>State School</i>	11. BIRTHPLACE (State or foreign country) <i>Mississippi</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>WILEY WILSON</i>		13b. MOTHER'S MAIDEN NAME <i>Odell Dean</i>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Raymond Eddie Troy 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Accidental drowning</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.		INTERVAL BETWEEN ONSET AND DEATH <i>E9218</i> <i>42</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>057</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accidental on club grounds</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>near town of Davis Millwood</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Lincoln Mo</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>6-25-50</i>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <i>A. J. Dutton</i>		23b. ADDRESS (Degree or title) <i>3 MAGISTRATE, ACTING IN ABSENCE OF CORNER, TROY, MISSOURI</i>		23c. DATE SIGNED <i>JUNE 22, 1950</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>6-25-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Winona Mississippi</i>
24d. LOCATION (City, town, or county) (State) <i>St. Louis mo</i>		24e. FUNERAL DIRECTOR'S SIGNATURE <i>Edward Meyer & Sons</i>		
DATE REC'D BY LOCAL REG. <i>6-26-50</i>		REGISTRAR'S SIGNATURE <i>Mrs. T. A. Dwyer</i>		ADDRESS <i>3934 N 20th</i>

(Licensed Embalmer's Statement on Reverse Side)

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

X-

RECEIVED JUN 26 1950
District Health Officer No. 9,
District File Number

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

Wayne McRay

Signed.....
Student Embalmer

Licensed Embalmer No. *3506*

P. O. Address *Troy Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

JUL 1 1950