

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25952

State File No.

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY OR TOWN <u>Fairfax</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Port</u> <u>0030</u>	
c. LENGTH OF STAY (In this place) <u>15 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Comm. Hosp</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WAVERLY</u>	b. (Middle) <u>PRYOR</u>	c. (Last) <u>WILSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 30, 1950</u>
-------------------------------------	---------------------------	--------------------------	-------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 13, 1863</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Days	IF UNDER 4 HRS. Hours	Min.
--------------------	-------------------------------	---	--	---	----------------------	-----------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Richmond Virginia</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
--	--	--	---

13a. FATHER'S NAME <u>Waverly W. Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Merttha Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</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 <u>Mrs Mary Belle Jacobs</u>	ADDRESS <u>Jacks Mo.</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		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> <u>15 yrs.</u> <u>4501</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene of the leg</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.			

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?
--	--	----------------------------

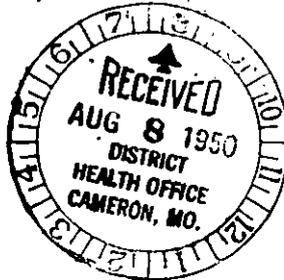
22. I hereby certify that I attended the deceased from June 1, 1950, to July 30, 1950, that I last saw the deceased alive on July 29, 1950, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Med</u>	23b. ADDRESS <u>Rock Port Mo</u>	23c. DATE SIGNED <u>1 Aug 50</u>
--	----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 1, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>English Gravels</u>	24d. LOCATION (City, town, or county) (State) <u>Near Fairfax Missouri</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>8-5-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tharvin N. Schaefer</u>	ADDRESS <u>Fairfax Mo</u>
--	--	---	---------------------------

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



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 Herwin H. Schaefer

Licensed Embalmer No. 4162

P. O. Address Fairfax, 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.