

FILED SEP 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30097

390  
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BIRTH NO. --- REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 4201 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Republic</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Republic</b>	
c. LENGTH OF STAY (in this place) <b>25 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>West Pine</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>West Pine</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Roy G.</b> b. (Middle) <b>Wilson</b> c. (Last) <b>Wilson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 12, 1950</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>April 12, 1893</b>		9. AGE (In years last birthday) <b>57</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Real Estate</b>	
11. BIRTHPLACE (State or foreign country) <b>Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>Iowa</b>		13. FATHER'S NAME <b>Charles Wilson</b>	
14. MOTHER'S MAIDEN NAME <b>Christina Rollens</b>		15. NAME OF HUSBAND OR WIFE <b>Gertie Wilson</b>		16. NAME OF DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>unknown</b>	
17. SOCIAL SECURITY NO. <b>unknown</b>		18. INFORMANT'S SIGNATURE OR NAME <b>Gertie Wilson</b>		19. ADDRESS <b>Republic</b>	

18. CAUSE OF DEATH (Give only one cause per line for (a), (b) and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia of postobscure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
II. OTHER SIGNIFICANT CONDITIONS* (Conditions contributing to the death but not related to the disease or condition causing death.)		ANTECEDENT CAUSES		DUE TO (b) <b>General Carcinomatosis</b> <b>3 months</b>	
		DUE TO (c) <b>Carcinoma of the prostate</b> <b>one year</b>		<b>177 X</b>	

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)		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 **7-28-1950**, to **9-12-1950**, that I last saw the deceased alive on **9-12-1950**, and that death occurred at **11:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. B. Mitchell</b> (Degree or title) <b>MO 2</b>		23b. ADDRESS <b>Republic MO</b>		23c. DATE SIGNED <b>9-15-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9-15-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>	
24d. LOCATION (City, town, or county) (State) <b>Butler, Missouri</b>					

DATE REC'D BY LOCAL REG. <b>Sept-15-1950</b>		REGISTRAR'S SIGNATURE <b>Glorance Britano</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mac L. Fossett</b> ADDRESS <b>Republic, MO</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

096187 030

RECEIVED

Greene County Health Office,

County File Number 50-9-42

Date Filed 9-19-50

SEP 30 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 Gene L. Hunter  
Licensed Embalmer No. 4139

P. O. Address: Republic, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri }  
County of Greene } ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 30097-50  
Local Registrar's No. 18

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 27 day of September, 1950, before me appears Gertie L. Wilson, who, upon her oath, states that the original record of <sup>birth</sup> death for Roy G Wilson <sup>died born</sup> Sept 12, 1950, in the State of Missouri, and which was filed at Jefferson City on Sept 26 1950, should be corrected as follows:

Item No. 11 should read Iowa

Instead of Ohio

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Gertie L. Wilson Wife  
Relationship.

Box 7 Republic Missouri  
Present Address.

Subscribed and sworn to before me this 27 day of September, 1950.

My Commission expires Feb. 17-1951 Florence Britain Notary Public.