

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 11 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 106

0821  
0

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

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> <u>0821</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Frankford</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>4 wks</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Pike County Hosp.</u>			
3. NAME OF DECEASED a. (First) <u>MABEL</u> b. (Middle) <u>LEONA</u> c. (Last) <u>WILSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 19 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 13 1896</u>
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Homemaker</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>James D. Hallinger</u>		13b. MOTHER'S MAIDEN NAME <u>Tabitha Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Edward Wilson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Helen Brewer Springfield Ill</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>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hyper tension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>previous vascular accidents</u>	
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)	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>Aug 23, 1950</u> to <u>Sept 19 1950</u> , that I last saw the deceased alive on <u>Sept 18, 1950</u> , and that death occurred at <u>7:4 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Fred M. Hunter MD</u> (Degree of title)		23b. ADDRESS <u>Bowling Green, Mo</u>	23c. DATE SIGNED <u>9/22/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 21-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	24d. LOCATION (City, town, or county) (State) <u>Frankford Mo.</u>
DATE REC'D BY LOCAL REG. <u>Sept 26, 1950</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	374	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fields 2420 Frankford Mo</u>

DEC 12 1953

Date Received: OCT 6 1953  
DISTRICT HEALTH OFFICE  
District File Number 10-52  
Date Filed: OCT 9 1953

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 *Jose Fields Megowan*

Licensed Embalmer No. *4093*

P. O. Address: *Frankford 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.