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

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41327

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 399

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lemen Wallace Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Camden 015
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Linn Creek Rural 1
d. STREET ADDRESS (If rural, give location): Route

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) R c. (Last) Wilson
4. DATE OF DEATH (Month) (Day) (Year): Dec 7 1950
5. SEX: Male
6. COLOR OR RACE: wht
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: June 13 - 1882
9. AGE (In years last birthday): 68 | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): labor
10b. KIND OF BUSINESS OR INDUSTRY: Daily labor
11. BIRTHPLACE (State or foreign country): Bennett Springs Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Malachi Wilson
13b. MOTHER'S MAIDEN NAME: Francis Conn
14. NAME OF HUSBAND OR WIFE: Margarite Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: W. Wilson ADDRESS: Lee Summit, Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured viscus — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Shock + multiple lacerations — 72 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 54
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 1/2 mi W Linn Creek, Camden, Mo 15
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 5-1950 3:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Head on Auto + truck collision

22. *I hereby certify that I attended the deceased from* 12-5, 19 50, *to* 12-7, 1950, *that I last saw the deceased alive on* 12-7, 1950, *and that death occurred at* ____ p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B B Hurst M.D.
23b. ADDRESS: Lebanon Mo.
23c. DATE SIGNED: 12-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation, Burial
24b. DATE: Dec 10-50
24c. NAME OF CEMETERY OR CREMATORY: Zion
24d. LOCATION (City, town, or county) (State): Camden Co Mo

DATE REC'D BY LOCAL REG.: 1-1-1951
REGISTRAR'S SIGNATURE: Nella L. Hay 424
25. FUNERAL DIRECTOR'S SIGNATURE: Bankson-Woolery ADDRESS: Camdenton Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Abbie Woolsey

Licensed Embalmer No. 2488

P. O. Address Camdenton 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.