

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15944

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4123 Registrar's No. 25

230
1

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

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wayland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wayland Mo. 0230</u>	
c. LENGTH OF STAY (in this place) <u>Green</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>R.</u> c. (Last) <u>Wilsey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-25-1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 24-1883</u>		9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>News Paper agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Clark Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

12a. FATHER'S NAME <u>P.D. Wilsey</u>		13b. MOTHER'S MAIDEN NAME <u>Emma J. Parsons</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Shock</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. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Winnie Wilsey Memphis 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchiectasis</u> DUE TO (c) <u>Bronchio asthma Cardiac asthma</u>			
		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 <u>241X</u>			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 9-1-1949, to 5-21-1957, that I last saw the deceased alive on 5-21-1951, and that death occurred at 10-30A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. Channing Do</u>		23b. ADDRESS <u>Kokoka Mo</u>		23c. DATE SIGNED <u>5-27-51</u>	
--	--	-------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sand Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francisville Mo.</u>	
---	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>5/31-51</u>		REGISTRAR'S SIGNATURE <u>A. L. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred J. Karle Kokoka Mo.</u>	
---	--	--	--	--	--

Date Received: JUN 4 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-1014
Date Filed: JUN 4 1951

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 _____

Fred J. Karle

Signed.....

Student Embalmer

Licensed Embalmer No. 1023

P. O. Address. *Kohoka 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.