S. No. 300
v. 10.48

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5308 State File No. 16036

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. ~~[illegible]~~ Registrar's No. 62

0270
1

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

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackwater Twp.
c. LENGTH OF STAY (In this place) 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Blackwater RFD.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo 0270 b. COUNTY Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackwater Twp.
d. STREET ADDRESS (If rural, give location) 3 mi South Blackwater

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) STERLING — PRICE — WILSON

4. DATE OF DEATH (Month) (Day) (Year) June 1 — 1951

5. SEX M
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 13 — 1861
9. AGE (In years last birthday) 89 — ~~11~~ ~~18~~ 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME John Miller Wilson
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Louise Wilson (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME John Wilson — ADDRESS Blackwater Mo — RFD.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Trasverse Colon

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of forearm metastatic
DUE TO (c)

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 153X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2, 1951, *to* June 1, 1951, *that I last saw the deceased alive on* June 1, 1951, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John McNeely MD
23b. ADDRESS Houstonia, MO
23c. DATE SIGNED 6-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 3-1951
24c. NAME OF CEMETERY OR CREMATORY Peninsula Cem.
24d. LOCATION (City, town, or county) (State) Blackwater Mo — RFD.

DATE REC'D BY LOCAL REG. 6-3-51
REGISTRAR'S SIGNATURE D E Hooper 381
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hays & Hamter — Pilot Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-9-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 6-9-51

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~~ myself, or by _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Clayton E Hays

Licensed Embalmer No. 3074

P. O. Address Pilot Grove 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.