No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17330

FILED JUN 14 1951

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 199

1864

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
c. LENGTH OF STAY (In this place): 7 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STELIZABETH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 318-1-ST STREET 0690
d. STREET ADDRESS (If rural, give location): MONROE CITY 1

3. NAME OF DECEASED (Type or Print)
a. (First): GRACIE
b. (Middle): DAKOTA
c. (Last): WILSON

4. DATE OF DEATH (Month) (Day) (Year): JUNE 3rd 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: APRIL 10TH 1891
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 1, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): never worked
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): RALL'S COUNTY Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JAMES H. WILSON
13b. MOTHER'S MAIDEN NAME: Margret L. FARRELL
14. NAME OF HUSBAND OR WIFE:

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Olive Little, Monroe City, Mo — ADDRESS

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): Metastatic C Arcinoma — INTERVAL BETWEEN ONSET AND DEATH: 99

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

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:
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* 5-24, 1951, *to* 6-3, 1951, *that I last saw the deceased alive on* 6-3, 1951, *and that death occurred at* 10:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Francis Jr MD
23b. ADDRESS: Hannibal, Mo
23c. DATE SIGNED: 6-3-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-5-1951
24c. NAME OF CEMETERY OR CREMATORY: Ariel Cemetery Ariel Cem
24d. LOCATION (City, town, or county) (State): RALLS COUNTY MISSOURI

DATE REC'D BY LOCAL REG.: 6-8-51
REGISTRAR'S SIGNATURE: Dr E M Lucke — M C Fisher Deputy 89
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: WILSON & SONS MONROE CITY MO

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 12 1951
CO. HEALTH DEPT.
DATE FILED JUN 13 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 me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Leslie L. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Monroe City Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.