

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19941**
Registrar's No. **9**

FILED JUN 26 1951

BIRTH NO. _____		REG. DIST. NO. 121		PRIMARY REG. DIST. NO. 4200		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ash Grove		c. LENGTH OF STAY (In this place) 38 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ash Grove 0390		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) DESSIE		a. (First)		b. (Middle) HAYS		c. (Last) WILSON	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH January 21, 1876	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 4 Days 25		IF UNDER 24 Hrs. Hours Min. 		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horsekeeper		10b. KIND OF BUSINESS OR INDUSTRY Damn Home		11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Nathaniel Hays Wilson			13b. MOTHER'S MAIDEN NAME Pasan Elizabeth Baker			14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Dr. Florence Mitchell ADDRESS Ash Grove Mo			
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) Cardiac Arterio-sclerosis with Heart Block INTERVAL BETWEEN ONSET AND DEATH 1 week ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis general DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				5 years for use	
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) 4221		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 June 10 , 1951, to 6-16 , 1951, that I last saw the deceased alive on 6/15 , 1951, and that death occurred at 7:20 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. Charles H. Orr (Degree or title) M.D.				23b. ADDRESS Ash Grove Mo		23c. DATE SIGNED 6-17-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-17-51		24c. NAME OF CEMETERY OR CREMATORY Ash Grove Cemetery		24d. LOCATION (City, town, or county) (State) Ash Grove Mo	
DATE REC'D BY LOCAL REG. 6/21/51		REGISTRAR'S SIGNATURE Frederic H. Wilson		FUNERAL DIRECTOR'S SIGNATURE Worm Funeral Service ADDRESS Ash Grove Mo			

0390

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

RECEIVED

Greene County Health Office,

County File Number 51-6-39

Date Filed 6-18-51

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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Harmon D. Drobek

Licensed Embalmer No. 4005

P. O. Address Cash 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.