

FILED AUG 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2232  
Registrar's No. 206

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (In rural, give location) <u>309 N. 8th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway County</u>		e. STREET ADDRESS (In rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Ann</u> c. (Last) <u>Wilson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug - 1 51</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Lebanese Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 25 - 1867</u>	9. AGE (In years last birthday) <u>83</u> If under 1 year: (Month) (Day) (Year)	10. IF UNDER 24 HRS. (Hours) (Min.) <u>7 06</u>
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10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) <u>Retired draughtsman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Fulton, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charley Wilson</u>	13b. MOTHER'S MARDEN NAME <u>Mary Wilson</u>	14. NAME OF HUSBAND, OR WIFE <u>George</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) (If yes, give year and date of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Ida Smith</u>	17. ADDRESS <u>3842 Adair Mo</u>
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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) <u>Coronary artery disease with occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. arteriosclerosis with hypertension</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>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6/4, 1947, to 8/1, 1951; that I last saw the deceased alive on 8/1, 1951, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George J. Wood</u>	(Degree or title)	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>8/3/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Aug 4 - 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>South Side Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug 3 - 1951</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edi Bell</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

Fulton - Mo

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

714/3  
0

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. \_\_\_\_\_

AUG 6 1951

RECEIVED

AUG 21 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 \_\_\_\_\_

*Harry T. Bell*

Student Embalmer No. *403*

working under my personal supervision.

Student *Harry T. Bell*  
Student Embalmer

Signed *Eli Bell*

Licensed Embalmer No. *2130*

P. O. Address *Fulton, 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.