

FILED SEP 21 1951

STANDARD CERTIFICATE OF DEATH

State File No. 32285

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6118 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SLYVAINA TWNSSH		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SLYVAINA TWNSSH	
c. LENGTH OF STAY (in this place) 1 YR		d. STREET ADDRESS (If rural, give location) R. E. D. #1 ORAN, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. E. D. #1 ORAN MO.			

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) LUTHER	c. (Last) WILSON	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 9 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH JUNE 15 1877	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months Days	11. UNDER 2 RES. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	10b. KIND OF BUSINESS-OR INDUSTRY	11. BIRTHPLACE (State or foreign country) KENTUCKY	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME GEORGE WILSON	13b. MOTHER'S MAIDEN NAME ALICE KEYS	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME HARVEY C. WILSON	ADDRESS ORAN, MO
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES 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.		Senility	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Feb, 1951, to 9/9, 1951, that I last saw the deceased alive on July, 1951, and that death occurred at 6:10 A. M., from the causes and on the date stated above.

23a. SIGNATURE J. A. Chinn M.D.	(Degree or title)	23b. ADDRESS Oran Mo	23c. DATE SIGNED 9/10/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Sept 10 1951	24c. NAME OF CEMETERY OR CREMATORY FRIEND CEMETERY	24d. LOCATION (City, town, or county) (State) ORAN, SCOTT COUNTY, MO.
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DATE REC'D BY LOCAL REG. 9-13-51	REGISTRAR'S SIGNATURE M. Fred Beagling	25. FUNERAL DIRECTOR'S SIGNATURE 445	ADDRESS ORAN, MO.
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(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED SEP 17 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 951-203

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me, or by _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Earl J. Smith

Licensed Embalmer No. 3676

P. O. Address Cran, 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.