

FILED NOV 6 1951

THE DIVISION OF VITAL RECORDS
STANDARD CERTIFICATE OF DEATH

Dr. J. Will 38297
State File No. 985

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 985

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

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) Rural, S. Campbell Twshp	c. LENGTH OF STAY (in this place) 2 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) Springfield	d. STREET ADDRESS (If rural, give location) Route # 7 Box # 604
d. FULL NAME OF HOSPITAL OR INSTITUTION Route # 7 Box # 604		d. STREET ADDRESS (If rural, give location) Route # 7 Box # 604	

3. NAME OF DECEASED (Type or Print) a. (First) Adela	b. (Middle) Pauline	c. (Last) Wilson	4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 7	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Britzman	13b. MOTHER'S MAIDEN NAME Rosa (Unknown)	14. NAME OF HUSBAND OR WIFE Alfred B. Wilson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Alfred Wilson Rt # 7 Spfld, Mo.	ADDRESS Alfred Wilson Rt # 7 Spfld, 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Immediate
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Arterial Hypertension	DUE TO (c) Arterio Sclerosis	10 years
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 <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) 331X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 **11-28, 1950**, to **Dec 31, 1951**, that I last saw the deceased alive on **3-26, 1951**, and that death occurred at **5:30a.m.**, from the causes and on the date stated above.

23a. SIGNATURE John W. Sullivan Jr. M.D.	(Degree or title)	23b. ADDRESS Springfield	23c. DATE SIGNED 11-1-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/3/51	24c. NAME OF CEMETERY OR CREMATORY Eastlawn	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. 11-2-51	REGISTRAR'S SIGNATURE W.E. Sandley	25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer	ADDRESS Springfield, Mo.
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NOV 16 1937

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 Frederic L. Buckley

Licensed Embalmer No. 4815

P. O. Address Springfield

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.