

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33337

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5490 Registrar's No. 87

0410

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White Oak Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White Oak Township</u> 0410	
c. LENGTH OF STAY (in this place) <u>6 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 mile SW of New Hampton</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2 1/2 mile SW of New Hampton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>WILSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 5 1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Jan 29 1863</u>	9. AGE (in years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmers House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>		11. BIRTHPLACE (State or foreign country) <u>Hentry County MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>William Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Inland</u>		14. NAME OF HUSBAND OR WIFE <u>George Wilson Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Homier Wilson New Hampton Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute indigestion</u>			<u>30 MIN.</u>
		ANTECEDENT CAUSES			
		DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>chronic intestinal hydrates</u>			<u>14 yrs</u> <u>14 yrs.</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		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19 40 to Oct 5, 1951, that I last saw the deceased alive on 10-5, 1951, and that death occurred at 11:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. L. Green D.O.</u>		23b. ADDRESS <u>New Hampton Mo</u>		23c. DATE SIGNED <u>10-8-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 8 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Foster Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>New Hampton Mo</u>			

DATE REC'D BY LOCAL REG. <u>10-9-51</u>		REGISTRAR'S SIGNATURE <u>Zola Burres</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W & Noble & Son New Hampton Mo</u>	
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MAR 6 1963

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

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

W. G. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.