

S. No. 306  
V. 10.48

FILED NOV 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34676

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 293 PRIMARY REG. DIST. NO. 4436 Registrar's No. 14

0870

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

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Ralls</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New London, Mo.</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New London, Missouri</u>                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>New London, Mo.</u>                                      |  | d. STREET ADDRESS (If rural, give location) <u>New London, Mo.</u>  |  |

|   |                          |                       |                         |  |
|---|--------------------------|-----------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) <u>Castor</u> | a. (First) <u>Castor</u> | b. (Middle) <u>B.</u> | c. (Last) <u>Wilson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept.-20-1951</u> |
|---|--------------------------|-----------------------|-------------------------|--|

|                    |                               |   |                                       |   |   |   |
|--------------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>Sept.-23-1882</u> | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>27</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|---------------------------------------|---|---|---|

|  |   |  |  |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (State or foreign country) <u>Ralls Co., Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|---|--|--|

|                                       |  |   |
|---------------------------------------|--|---|
| 13a. FATHER'S NAME <u>John-Wilson</u> | 13b. MOTHER'S MAIDEN NAME <u>Maranda-Weldy</u> | 14. NAME OF HUSBAND OR WIFE <u>Single</u> |
|---------------------------------------|--|---|

|  |                                     |   |                                 |
|--|-------------------------------------|---|---------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Geo-Wilson, Center, Missouri</u> | ADDRESS <u>Center, Missouri</u> |
|--|-------------------------------------|---|---------------------------------|

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*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> | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>  |  |                                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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>334X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Sept 20, 1951, to Sept 20, 1951, that I last saw the deceased alive on Sept 20, 1951, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

|                                    |                                 |                                     |                                 |
|------------------------------------|---------------------------------|-------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>H. J. Waters</u> | (Degree or title) <u>M.D.O.</u> | 23b. ADDRESS <u>New London, Mo.</u> | 23c. DATE SIGNED <u>9-22-51</u> |
|------------------------------------|---------------------------------|-------------------------------------|---------------------------------|

|   |                            |  |  |
|---|----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9-22-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Beavers Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Ralls Co., Missouri</u> |
|---|----------------------------|--|--|

|   |   |   |                            |
|---|---|---|----------------------------|
| DATE REC'D BY LOCAL REG. <u>9-24-51</u> | REGISTRAR'S SIGNATURE <u>H. J. Waters</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Couch + Welby</u> | ADDRESS <u>Center, Mo.</u> |
|---|---|---|----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

Date Received: NOV 9 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 11-57-1999  
Date Filed: NOV 9 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Clyde Wilkey*

Licensed Embalmer No. 3820

P. O. Address *Ferry, 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.