

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37045

State File No.

No. 300
10-48

FILED NOV 17 1951

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5469 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u> <u>1400</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>GRUNDY</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL FRANKLIN TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0400</u> OR TOWN <u>RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>FRANKLIN TOWNSHIP</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WINFRED</u> b. (Middle) <u>SCOTT</u> c. (Last) <u>WILSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV-3-1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>FEB-8-1880</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>23</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MO. O</u>
13a. FATHER'S NAME <u>ALEXANDER WILSON</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET MEARS</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH WILSON</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GIM WILSON SPICKARD MO.</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				

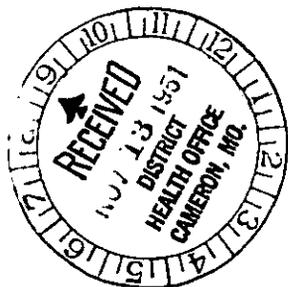
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21h. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Nov-30, 1951, to Nov-30, 1951, that I last saw the deceased alive on Nov 30, 1951, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Oliver F. Cuffey MD</u>		23b. ADDRESS <u>Pleasant mo Nor 5th-1951</u>		23c. DATE SIGNED <u>Nov 5th-1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov-5-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NORTH EVANS CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>GRUNDY CO. MO.</u>		DATE REC'D BY LOCAL REG. <u>11/6/51</u>		REGISTRAR'S SIGNATURE <u>Mrs Nathan Cooper</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>SCHOOBER FUNERAL HOME</u>		ADDRESS <u>SPICKARD MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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



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.....

Ross W. Lee

Licensed Embalmer No. 3771

P. O. Address Spickard 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.