

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3.300
3.48

60
1

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

BIRTH NO. _____ REG. DIST. NO. 214 PRIMARY REG. DIST. NO. 5782 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tuscumbia (Osage)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tuscumbia (Osage Township)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0160</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Angeline</u> b. (Middle) _____ c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7, 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 3, 1864</u>
9. AGE (In years last birthday) <u>87</u>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Redmond Snelling</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret McClellan</u>	14. NAME OF HUSBAND OR WIFE <u>O. C. Wilson</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rector Wilson</u> ADDRESS <u>Tuscumbia, Mo. R. 1</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Generalized arterosclerosis</u> yrs. _____ 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>331X</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)	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 <u>10/5/1951</u> , to <u>10/7/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10/7/51</u> , 19 <u>51</u> , and that death occurred at <u>8:50p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. A. Gould</u> (Degree or title) <u>DO.</u>		23b. ADDRESS <u>Iberia; Mo.</u>	23c. DATE SIGNED <u>10/10/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 9, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maylee Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Iberia Rural Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct 22 - 51</u>	REGISTRAR'S SIGNATURE <u>John B. Schuster</u>	194 <u>194</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedge</u> ADDRESS <u>Iberia, Mo.</u>

RECEIVED
MAY 7 1951
PUBLIC HEALTH
DEPARTMENT

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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Bevia, 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.