

FILED DEC 28 1951

STANDARD CERTIFICATE OF DEATH

State File No. 40971

BIRTH NO. REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) rural Keytesville Twshp		c. CITY (If outside corporate limits, write RURAL and give township) rural Salisbury Twshp	
c. LENGTH OF STAY approx. 4 mo.		d. STREET ADDRESS (If rural, give location) approx. 4 mi. No. E. of Salisbury	
d. FULL NAME OF HOSPITAL OR INSTITUTION County Nursing Home		3. NAME OF DECEASED a. (First) James b. (Middle) Franklin c. (Last) Wilson	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1951		5. SEX male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Oct. 15, 1857		9. AGE (In years) (Months) (Days) (Hours) (Min.) 94 2 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	
11. BIRTHPLACE (State or foreign country) Schuyler Co. Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thos. Wilson		13b. MOTHER'S MAIDEN NAME Susan Woodruff	
14. NAME OF HUSBAND OR WIFE Effie Jane Price Wilson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Gerald Brown	
18. ADDRESS Byramville Mo		19. ADDRESS Byramville Mo	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus		INTERVAL BETWEEN ONSET AND DEATH 2-da
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) arterio Sclerosis		
	DUE TO (c) arterio Sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			19. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19a. DATE OF OPERATION			
19b. MAJOR FINDINGS OF OPERATION 4201			

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) Salisbury Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Dec 14, 1951**, to **Dec 16, 1951**, that I last saw the deceased alive on **Dec 14, 1951**, and that death occurred at **3:30a. m.**, from the causes and on the date stated above.

23a. SIGNATURE G W Howland M.D.	(Degree or title)	23b. ADDRESS Salisbury Mo	23c. DATE SIGNED 12-18-51
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-20-1951	24c. NAME OF CEMETERY OR CREMATORY Johnson Cemetery	24d. LOCATION (City, town, or county) (State) Byramville Mo
DATE REC'D BY LOCAL REG. 12/20-51	REGISTRAR'S SIGNATURE G W Howland	25. FURNERAL DIRECTOR'S SIGNATURE Chas B Winkelmeyer	ADDRESS Salisbury, Mo.

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

2210
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Date Received: DEC 26 1951
DISTRICT HEALTH OFFICE #
District File Number 12-51
Date Filed: DEC 26 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Chas B. Winkelmeyer*

Licensed Embalmer No. *3842*

P. O. Address *Salisbury, 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.