

FILED DEC 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42251

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 5737 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Macon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>macon</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Johnson</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural</i> <i>0660</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>Johnson Township</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) <i>Quincy</i> c. (Last) <i>Wilson</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 10 1951</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>1-5-1865</i>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <i>86</i> Days <i>11</i> Hours <i>5</i>	IF UNDER 1 HR. Hours <i>5</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Marion Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	

13a. FATHER'S NAME <i>John Wilson</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Kincaid</i>		14. NAME OF HUSBAND OR WIFE <i>Myrtle Ella Wilson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Okla Peoples Leonard, Mo.</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Congestive Heart Failure</i>		ANTECEDENT CAUSES		<i>5 days</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <i>Myocarditis (Chronic)</i>		<i>24 years</i>	
		DUE TO (c) <i>Arterio-sclerosis</i>		<i>?</i>	
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 <i>4221</i>		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 *Dec 6 1951*, to *Dec 10 1951*, that I last saw the deceased alive on *Dec 10 1951*, and that death occurred at *9:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Calvin Gillet 2nd DO</i>		23b. ADDRESS <i>La Plata Mo</i>		23c. DATE SIGNED <i>12-11-1951</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>12-12-1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Salem</i>	
24d. LOCATION (City, town, or county) (State) <i>macon Co. Mo.</i>		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Dr. Christina La Plata Mo</i>			
DATE REC'D BY LOCAL REG. <i>Dec 12 1951</i>		REGISTRAR'S SIGNATURE <i>Mr. O. P. Whippin 186</i>			

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

RECEIVED 12.18.51
MACON COUNTY HEALTH DEPARTMENT
County File No. 12-51-199
Date Filed 12-19-51

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951

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

D. E. Christie

Licensed Embalmer No. 1109

P. O. Address

La Plata, 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.