

FILED FEB 28 1952

STANDARD CERTIFICATE OF DEATH

State File No. 4444

0280

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

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 1451 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Steelville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Steelville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0280</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u>		b. (Middle) _____ c. (Last) <u>Wilson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18, 1952</u>		5. SEX <u>female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>April 13, 1869</u>		9. AGE (In years last birthday) <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Old Scotia, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Francis Gunnett</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Beard</u>	
14. NAME OF HUSBAND OR WIFE <u>Newton 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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Josephine Eaton, Steelville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CANCER - LUNG.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>probably bronchiogenic Ca.</u> 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>162x</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 <u>9-24-52</u> , to <u>Jan. 18, 1952</u> , that I last saw the deceased alive on <u>1-18, 1952</u> , and that death occurred at <u>9:50p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>John C. Doulick Jr. M.D.</u>		23b. ADDRESS <u>Steelville, Mo.</u>	
23c. DATE SIGNED <u>1-24-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1/21/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wesco Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Wesco, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas S. Hulbert</u>	
DATE REC'D BY LOCAL REG. <u>2-16-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. ADDRESS <u>Steelville, Mo.</u>		26. _____	

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

Thomas S. Gassett

Signed
Student Embalmer

Licensed Embalmer No. 4332

P. O. Address Steelville, Missouri.

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.