No. 300
10.48

FILED MAR 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7749

BIRTH NO. 68-124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5267 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Christian
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Highlandville Mo.
c. LENGTH OF STAY (In this place) 18
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highlandville, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Christian
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Highlandville, Mo. 0220
d. STREET ADDRESS (If rural, give location) Highlandville, Mo.

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) Wilson
4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1952
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 4, 1889
9. AGE (In years last birthday) 62 | If under 1 year: Months, Days | If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montana
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph Wilson
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Mrs. Allie Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Allie Wilson ADDRESS Ozark, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac insufficiency — INTERVAL BETWEEN ONSET AND DEATH 6 or 9 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic syphilis — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic endocarditis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 023X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1949 *to* Feb 6, 1952 *that I last saw the deceased alive on* Feb 6, 1952 *and that death occurred at* 7:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE R. R. Farthing (Degree or title) M.D.
23b. ADDRESS Ozark Mo
23c. DATE SIGNED 2-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 9, 52
24c. NAME OF CEMETERY OR CREMATORY Highlandville, Mo.
24d. LOCATION (City, town, or county) (State) Highlandville, Mo.

DATE REC'D BY LOCAL REG. 3-15-1952
REGISTRAR'S SIGNATURE Loretta Leonard 59-4
25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin ADDRESS Ozark Mo.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed T. B. Chaffin

Signed.....
Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Ozark 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.