

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9388

State File No.

FILED APR 8 1952

REG. DIST. NO. 274

PRIMARY REG. DIST. NO. 3052

Registrar's No. 112

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 112	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Mo</u> b. COUNT <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>42 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>603 W. 5</u>				d. STREET ADDRESS (If rural, give location) <u>603 W. 5</u>			

3. NAME OF DECEASED (Type or Print) <u>Frank Alexander Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 1, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 1, 1887</u>		9. AGE (In years last birthday) <u>65</u>
10a. USUAL OCCUPATION (His kind of work during month preceding life, even if retired) <u>Freight Agent</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Augusta, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. McDowell</u>		14. NAME OF HUSBAND OR WIFE <u>Ida 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>702-14-4099</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Floyd Lively - Sedalia</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Primary liver cell carcinoma. I first saw deceased on</u> <u>March, 25, 1952, after he had been an (IN) patient, for a short</u> <u>time at Mo. Pacific Hospital, St. Louis, Mo.</u> DUE TO (b) <u>Abdominal ascites.</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
		2. OTHER SIGNIFICANT CONDITIONS Diseased complained of this condition but a short time before he entered the Hospital.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Exploratory operation revealed the above condition</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No to all.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No injury.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>No injury.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No injury.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>155X</u>	

22. I hereby certify that I attended the deceased from March, 25, 1952, to March, 31, 1952, that I last saw the deceased alive on March 31, 1952, and that death occurred at 7 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. B. Brader, M.D.</u>		(Degree or title)		23b. ADDRESS <u>112 West 4th Street Sedalia, Mo</u>		23c. DATE SIGNED <u>April 4, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-3-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brown Hill</u>		24d. LOCATION (City, town, or county) <u>Sedalia Mo</u>	

DATE REC'D BY LOCAL REG. <u>4-3-52</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>M. Laughlin Bro.</u>		ADDRESS <u>Sedalia</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 11 1952

APR 24 1953
JUL 30 1954

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 K.P.M. Crary

Licensed Embalmer No. 3153

P. O. Address Sidalia 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.