

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19679

State File No. _____

FILED JUN 23 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>1346mo</u>		2009	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u>		d. STREET ADDRESS (If rural, give location) <u>St. Louis Training School</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>-</u>	c. (Last) <u>WILSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 1952</u>
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5. SEX <u>mo</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>dk</u>	8. DATE OF BIRTH <u>June 5 1883</u>	9. AGE (In years, last birthday) (Months) (Days) (Hours) (Min.) <u>69 6 4</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>dk</u>	11. BIRTHPLACE (State or foreign country) <u>Mo O.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth -</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>dk</u>	16. SOCIAL SECURITY NO. <u>dk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hos Records Fulton Mo</u>	ADDRESS <u>Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lobar pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia praecox</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>490x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (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 June 9 1952 to June 19 52, that I last saw the deceased alive on June 19, 1952, and that death occurred at 4 45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>JR. Hunter MD O</u>	23b. ADDRESS <u>State Hos Fulton Mo</u>	23c. DATE SIGNED <u>6-19-52</u>
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24a. BURIAL-CREMATORY REMOVAL (Specify) <u>Remove</u>	24b. DATE <u>6-21-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>anatomical Bond</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia MO</u>
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DATE REC'D BY LOCAL REG. <u>June 21-1952</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. O. Roberts</u>	ADDRESS <u>Columbia Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

43
2

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.....

Licensed Embalmer No.....

P. O. Address.....

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.