S. No. 300
Rev. 10.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 19743

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 170

**1. PLACE OF DEATH**
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 26 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 412 Asher St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Gir.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
d. STREET ADDRESS (If rural, give location): 412 Asher St.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Willie
b. (Middle):
c. (Last): Wilson

**4. DATE OF DEATH** (Month) (Day) (Year): June 9, 1952

**5. SEX**: Female 3
**6. COLOR OR RACE**: Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed 2
**8. DATE OF BIRTH**: May 31-1902
**9. AGE** (In years last birthday): 50 — 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): Domestic
**10b. KIND OF BUSINESS OR INDUSTRY**: -------
**11. BIRTHPLACE** (State or foreign country): Crockett County, Tenn.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: John Betts
**13b. MOTHER'S MAIDEN NAME**: Mary Jane Mason
**14. NAME OF HUSBAND OR WIFE**: Howard Wilson.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): ------
**16. SOCIAL SECURITY NO.**: -----
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mrs. Zadie Young, 412 Asher, CapeGir.

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic nephritis — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) 2 Mitral insufficiency — 2
DUE TO (c) 1 General arteriosclerosis — 4 months

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**: 410X
**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 Feb 11, 1952 to 6/9/, 1952, that I last saw the deceased alive on 6/6/, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title): W. Schultz M.D.
**23b. ADDRESS**: 605 Broadway Cape Girardeau Mo.
**23c. DATE SIGNED**: 6/10/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: June 14, 1952
**24c. NAME OF CEMETERY OR CREMATORY**: Fairmont Cemetery
**24d. LOCATION** (City, town, or county) (State): Cape Girardeau, Mo.

**DATE REC'D BY LOCAL REG.**: 6-10-52
**REGISTRAR'S SIGNATURE**: C. C. Summers M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: F. S. Sparks, Cape Gir., 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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Frank Spark

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.