

FILED JUL 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23441**

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO.: 6224		Registrar's No. 121	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY OR TOWN Rural-		c. LENGTH OF STAY (in this place) Dunship 5 yrs		c. CITY OR TOWN Rural-Center Dunship			
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS (If rural, give location) 1080			
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE			b. (Middle) E		c. (Last) WILSON		4. DATE OF DEATH (Month) (Day) (Year) June 19 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug 27 1871		9. AGE (in years last birthday) 81	# UNDER 1 YEAR 9	# UNDER 24 HRS. 23
10a. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) Home Keeper		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Warren County, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Benjamin Wilson		13b. MOTHER'S MAIDEN NAME Nancy Ribart		14. NAME OF HUSBAND OR WIFE Single			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME R.L. Wilson (Brother) ADDRESS Center Twp. Nevada, Mo			
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) Acute paralytic ileus					INTERVAL BETWEEN ONSET AND DEATH 24 hrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Don't know DUE TO (c) Don't know					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced age					
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada Vernon Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 19 1952 6 a		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR none			
22. I hereby certify that I attended the deceased from June 17, 1952 , to June 19, 1952 , that I last saw the deceased alive on June 19, 1952 , and that death occurred at 6 a m. , from the causes and on the date stated above.							
23a. SIGNATURE W. Love (Degree or title) MD				23b. ADDRESS Nevada, Mo		23c. DATE SIGNED June 30/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-21-52	24c. NAME OF CEMETERY OR CREMATORY Newton Burial Chrch		24d. LOCATION (City, town, or county) (State) Nevada, Mo		
DATE REC'D BY LOCAL REG. 7-7-1952		REGISTRAR'S SIGNATURE Arma E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE 451 Day Funeral Service		ADDRESS Nevada, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Allen D. Hays.....

Licensed Embalmer No. 1988.....

P. O. Address Nevada 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.