

STANDARD CERTIFICATE OF DEATH

State File No. 24243

LED AUG 12 1952

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 100

407
4

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

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) Trenton		c. CITY (If outside corporate limits, write RURAL and give township) Trenton	
c. LENGTH OF STAY (In this place) 78 years		1402	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Neal's Rest Home		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) Oscar		a. (First) b. (Middle) c. (Last) (none) Wilson		4. DATE OF DEATH (Month) (Day) (Year) July 3, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 27, 1874	9. AGE (In years last birthday) 78	10. IF UNDER 1 YEAR Months 4 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Independence, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Albert Wilson		13b. MOTHER'S MAIDEN NAME Delilah Reid		14. NAME OF HUSBAND OR WIFE Betty Crutcher Wilson (Dec)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Less Spickard, Trenton, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Prostate</i>		INTERVAL BETWEEN ONSET AND DEATH 1 year	
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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) 177X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 July 30, 1952 to July 30, 1952 that I last saw the deceased alive on July 30, 1952 and that death occurred at 8:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Clavis F. Duffy MD</i>		23b. ADDRESS Trenton, Mo.		23c. DATE SIGNED <i>July 30, 1952</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 6, 1952		24c. NAME OF CEMETERY OR CREMATORY Martin Cemetery	
				24d. LOCATION (City, town, or county) (State) Grundy County, Mo.	

DATE REC'D BY LOCAL REG. 7-7-52		REGISTRAR'S SIGNATURE <i>Drene Jaur</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gipson-Oyler Trenton, Missouri	
------------------------------------	--	--	--	--	--

EXPIRES 12 31 1977

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.....

Maurice Oylar

Licensed Embalmer No. *4442*

P. O. Address *Trenton, 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.