

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26933**

BIRTH NO. <b>1144</b>		REG. DIST. NO. <b>360</b>		PRIMARY REG. DIST. NO. <b>3076</b>		Registrar's No. <b>138</b>	
1. PLACE OF DEATH a. COUNTY <b>Vernon 10824</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>		c. LENGTH OF STAY (In this place) <b>3 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Walker 10800</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Marlowe Nursing Home</b>				d. STREET ADDRESS (If rural, give location) <b>None</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELMER</b>			b. (Middle) <b>E.</b>			c. (Last) <b>WILSON</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Jul 27 '52</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	
8. DATE OF BIRTH <b>2-25-76</b>		9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>2</b>		IF UNDER 2 HRS. Hours <b>1</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>New Concord - Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William W. Wilson</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Boyer</b>		14. NAME OF HUSBAND OR WIFE <b>Widowed</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Perry Clark Walker Mo.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General arteriosclerosis</b> DUE TO (c) <b>Diabetes mellitus</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>3 years</b> <b>4 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>250X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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 <b>Oct 9, 1949</b> , to <b>July 27, 1952</b> , that I last saw the deceased alive on <b>July 19, 1952</b> and that death occurred at <b>10:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Perry Clark Walker M.D.</b>				23b. ADDRESS <b>Nevada Mo.</b>		23c. DATE SIGNED <b>8/2/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-30-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wm. Vernon Cemetery, Vernon Co., Missouri</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>8-5-1952</b>		REGISTRAR'S SIGNATURE <b>Anna J. Ferry 451</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Allen T. Hays, Nevada Mo.</b>			

(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 T. Hays*

Licensed Embalmer No. *1968*

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.