

STANDARD CERTIFICATE OF DEATH

State File No. **35701**

FILED NOV 5 1952

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **336**

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

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO COUNTY MARION	
b. CITY (If outside corporate limits, write RURAL and give township) HANNIBAL		c. CITY (If outside corporate limits, write RURAL and give township) HANNIBAL	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) 828 N. 6TH ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 828 N. 6TH ST.			
3. NAME OF DECEASED a. (First) BETTY b. (Middle) AGNES c. (Last) WILSON			4. DATE OF DEATH (Month) (Day) (Year) Oct 25-1952
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 7, 1868
9. AGE (In years last birthday) 83		10. MONTHS 11 DAYS 18 HOURS MIN. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) WOODVILLE, MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME JOHN SUMNER		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE GEO. W. WILSON (DECEASED)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME The Bernard Deupler - Hannibal, Mo		ADDRESS	
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) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis. 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 331x	
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 Aug 1, 1952 , to Oct 25, 1952 , that I last saw the deceased alive on Oct 24, 1952 and that death occurred at 7:05 A. M. , from the causes and on the date stated above.			
23a. SIGNATURE M. J. Deupler (Degree or title)		23b. ADDRESS Hannibal MO	
23c. DATE SIGNED Oct 25/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT 27, 1952	24c. NAME OF GEMETERY OR CREMATORY GREENWOOD CEM.	24d. LOCATION (City, town, or county) (State) PALMYRA, MO.
DATE REC'D BY LOCAL REG. 10/29/52	REGISTRAR'S SIGNATURE H. E. M. Luecke Deputy	25. FUNERAL DIRECTOR'S SIGNATURE Ralph Clark - Hannibal, Mo ADDRESS	

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 3 1952
MARION CO. HEALTH DEPT.
DATE FILED NOV 3 1952

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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 Ralph Clark
.....

Licensed Embalmer No. 4217

P. O. Address Shenandoah, Md.

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.