

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35702**

FILED NOV 5 1952

Registrar's No. **339**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monroe City</b>	
c. LENGTH OF STAY (In this place) <b>7 days</b>		d. STREET ADDRESS (If rural, give location) <b>104 S. Main St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LEVERING HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) <b>VITAE</b>	a. (First)	b. (Middle)	c. (Last) <b>Wilson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 29 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>SEPT. 20 1868</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 24 HRS. Days <b>7</b>	IF UNDER 1 MIN. Hours <b></b>	IF UNDER 1 MIN. Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Proprietor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Hotel</b>	11. BIRTHPLACE (State or foreign country) <b>Porter County, Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William McConkey</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Hague</b>	14. NAME OF HUSBAND OR WIFE <b>Robert L. Wilson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Lula Wilson</b>	ADDRESS <b>Monroe City, Mo</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		<b>2 weeks</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Left hemiplegia</b> DUE TO (c) <b>Uremia</b>		<b>2 weeks</b> <b>7 days</b>
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 checked="" type="checkbox"/>
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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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-5-49**, 19\_\_\_\_, to **10-27-52**, 19\_\_\_\_, that I last saw the deceased alive on **10-27-52**, 19\_\_\_\_, and that death occurred at **3 PM** m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>100 N. Sixth Hannibal, Mo.</b>	23c. DATE SIGNED <b>10-28-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-29-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Judes Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Monroe City, Mo</b>
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DATE REC'D BY LOCAL REG. <b>6 Oct 28/52</b>	REGISTRAR'S SIGNATURE <b>W.C. Fisher Deputy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wilson &amp; Son's</b>	ADDRESS <b>Monroe City, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6440

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

8351-31195

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Montreal City, 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.