

FILED DEC 16 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44343

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Washington Twp</u>		c. LENGTH OF STAY (in this place) <u>3-9-8.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannoua City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3.</u>		d. STREET ADDRESS (If rural, give location) <u>3875 Locust</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Wilson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-4-52</u>
---	-----------------------	-------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>11-3-1875</u>	9. AGE (in years last birthday) <u>77.</u>	10. UNDER 1 YEAR Months <u>1.</u> Days <u>1.</u>	11. UNDER 100 Hrs. Hours <u>1.</u> Min. <u>1.</u>
----------------------	-------------------------------	---	-----------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work doing most of working life even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Osmin City Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	---	--

13a. FATHER'S NAME <u>Wm Thomas</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Montgomery</u>	14. NAME OF HUSBAND OR WIFE <u>Wm Wilson</u>
-------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nathaniel Bell</u>	ADDRESS <u>3875 Locust TC Mo.</u>
---	--	---	-----------------------------------

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 <u>27 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile deterioration</u>		
	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.		<u>794 X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 3-26-1949 to 12-4-1952, that I last saw the deceased alive on 12-3-1952, and that death occurred at 5:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Smith M.D.</u> (Degree or title)	23b. ADDRESS <u>State Hospital #3</u>	23c. DATE SIGNED <u>12-4-52</u>
--	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec 6-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall Mo.</u>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>12-13-52</u>	REGISTRAR'S SIGNATURE <u>Arma E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Eichinger Funeral Home</u>	ADDRESS <u>Nevada, Mo.</u>
--	--	--	----------------------------

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

**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

*Percy F. Milster*

Licensed Embalmer No. 4805

P. O. Address Merced, 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.