

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

6953

State File No.

FILED MAR 12 1953

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4358 Registrar's No. 4

0720

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

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN <u>Lillourn</u>		c. CITY OR TOWN <u>Lillourn</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Residence</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Melceria</u> b. (Middle) <u>E</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 15-1953</u>		
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5. SEX <u>W</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>1883-10-3</u>	9. AGE (In years last birthday) <u>69-4-12</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HR. Hours _____	IF UNDER 1 HR. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Albany Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>George W</u>		13b. MOTHER'S MAIDEN NAME <u>Margret Stainman</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, _____ No, _____) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thelma Hansen - Savannah Mo</u>				ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Condition Coronary Occlusion</u>						<u>X</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u>							
		DUE TO (c) <u>Liver Condition (Possibly Cancerous)</u>						<u>L</u>	
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 <u>4201 H</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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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?	
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22. I hereby certify that I attended the deceased from Jan 15, 1953, to July 15, 1953 that I last saw the deceased alive on Feb 8, 1953, and that death occurred at 3:45 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>E E Jones M.D.</u>		23b. ADDRESS <u>Lillourn Mo</u>		23c. DATE SIGNED <u>2-23-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-18-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park Cemetery</u>		24d. LOCATION (City, town, or county) <u>Mo</u> (State) <u>Lillourn</u>	
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DATE REC'D BY LOCAL REG. <u>2-27-53</u>		REGISTRAR'S SIGNATURE <u>H.L. Sonder Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas E. King</u>		ADDRESS <u>Malden Mo</u>	
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Thomas C. Knight*.....

Licensed Embalmer No. *2189*.....

P. O. Address *Malden MA*.....

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.