

No. 300
10. 48

FILED FEB 26 1953

STANDARD CERTIFICATE OF DEATH

State File No. **8570**

BIRTH NO. _____		REG. DIST. NO. 366		PRIMARY REG. DIST. NO. 4536		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY Washington				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington			
b. CITY (If outside corporate limits, write RURAL and give township) Potosi		c. LENGTH OF STAY (In this place) 11 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Potosi		TOWN 1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Clara		b. (Middle) mae		c. (Last) Wilson	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 7 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Nov. 17 1871		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 2 Days 20		IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Berryman mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William S Leage		13b. MOTHER'S MAIDEN NAME Josephine Jenkins		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 5810		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Wilson St. Louis mo			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Alumina ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of Liver DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5810				INTERVAL BETWEEN ONSET AND DEATH 48 hours 1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Nov. 20, 1949 , to Feb. 7, 1953 , that I last saw the deceased alive on Feb. 7, 1953 , and that death occurred at 11 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Edward W. Lake, Jr.				23b. ADDRESS Do. Potosi Missouri		23c. DATE SIGNED Feb. 11, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-10-53		24c. NAME OF CEMETERY OR CREMATORY Last Creek Cemetery		24d. LOCATION (City, town, or county) (State) Washington Co. mo.	
DATE REC'D BY LOCAL REG. 2/11/53		REGISTRAR'S SIGNATURE Helmut		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edw. W. Lake, Jr. Potosi Mo			

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

(Licensed Embalmer's Statement on Reverse Side)

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 Murphy Sparks

Licensed Embalmer No. 4256

P. O. Address Flat 1111, 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.