

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9107

State File No.

No. 300
10.48

FILED MAR 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>5792</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural "Combs Twp."</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural "Combs Twp."</u>		d. STREET ADDRESS (If rural, give location) <u>10 mi. E. of Carrollton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 mi. E. of Carrollton</u>				d. STREET ADDRESS <u>10 mi. E. of Carrollton</u>			
3. NAME OF DECEASED (Type or Print) <u>SARAH</u>		a. (First) <u>I</u>		b. (Middle) <u>WILSON</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 13 1953</u>		5. SEX <u>Fe</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Nov 18 1879</u>		9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		11. KIND OF BUSINESS OR INDUSTRY	
12. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		13. CITIZEN OF WHAT COUNTRY? <u>U. S. - 9</u>		14. FATHER'S NAME <u>Robert Trevitt</u>		15. MOTHER'S MAIDEN NAME <u>Sue E Lyon</u>	
16. NAME OF HUSBAND OR WIFE <u>Joseph Edw. Wilson</u>		17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		18. SOCIAL SECURITY NO. <u>none</u>		19. INFORMANT'S SIGNATURE OR NAME <u>Clyde Wilson</u>	
20. ADDRESS <u>Carrollton 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Complications of old age</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.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>794X</u>		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>June 1, 1952</u> to <u>Mar 13, 1953</u> that I last saw the deceased alive on <u>Mar 11, 1953</u> , and that death occurred at <u>7 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. Stansbury</u>				23b. ADDRESS <u>Carrollton Mo.</u>		23c. DATE SIGNED <u>Mar 14/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-15-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Adkins Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Carroll Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/16/53</u>		REGISTRAR'S SIGNATURE <u>Mr. Nelson Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u>		ADDRESS <u>Carrollton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

70
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APR 9 1953

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.