

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17008

State File No.

FILED JUN 8 1953

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>27</u> | | PRIMARY REG. DIST. NO. <u>3089</u> | | Registrar's No. <u>60</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>BATES</u> <u>0070</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL/MINE RICH HILL</u> | | c. LENGTH OF STAY (in this place) <u>9 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-PRESANT GAP-TWP.</u> <u>0070</u> | | d. STREET ADDRESS (If rural, give location) <u>1000 N.E. RICH HILL.</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORA</u> | | b. (Middle) <u>EDDA</u> | | c. (Last) <u>WILSON.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-2-1953.</u> | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>DEC-19-1888</u> | |
| 9. AGE (in years last birthday) <u>64</u> | | 10. MONTHS <u>5</u> | | 11. DAYS <u>12</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>ORONOGO MISSOURI.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>WILLIAM ALLEN.</u> | | 13b. MOTHER'S MAIDEN NAME <u>HATTIE MINKLER</u> | | 14. NAME OF HUSBAND OR WIFE <u>JAMES WILSON</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Melvin Williams-Rich Hill, Mo.</u> ADDRESS <u>Rich Hill, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u> ANTECEDENT CAUSES (b) <u>None known</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 | | | | 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. HOW DID INJURY OCCUR? | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 <u>May 2, 1953</u> to <u>June 2, 1953</u> , that I last saw the deceased alive on <u>June 2, 1953</u> , and that death occurred at <u>6:00 p.m.</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | | | | 23b. ADDRESS <u>[Address]</u> | | 23c. DATE SIGNED <u>June 14, 1953</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>JUNE 6-1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>ANDERSON CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>ANDERSON, MISSOURI</u> | |
| DATE REC'D BY LOCAL REG. <u>June 4-53</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Booth Funeral Home - Rich Hill, Mo.</u> | | | |

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

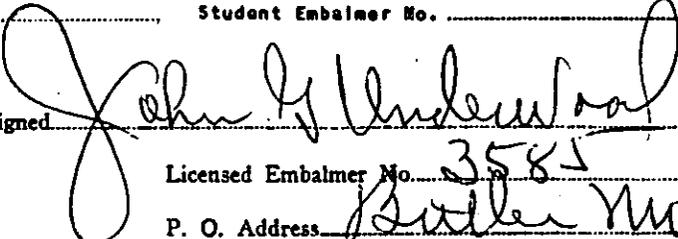
STATEMENT BY LICENSED EMBALMER

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  _____
Licensed Embalmer No. 3585
P. O. Address Butler 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.