

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37967**

No. 300  
10-48

FILED NOV 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **322** PRIMARY REG. DIST. NO. **3071** Registrar's No. **36**

0971

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Slater</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Slater</b>	
c. LENGTH OF STAY (in this place) <b>all life</b>		d. STREET ADDRESS (If rural, give location) <b>111 N. Walnut</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Joe</b>	b. (Middle)	c. (Last) <b>Wilson</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>Nov. 8-1953</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Feb. 9th, 1874</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>29</b>	IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired pensioner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Saline Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S</b>
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13a. FATHER'S NAME <b>Robert Wilson</b>	13b. MOTHER'S MAIDEN NAME <b>Denie Pitmann</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lillie McCain, Slater-Mo.</b>	ADDRESS <b></b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>3 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart failure.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Auricular fibrillation</b> DUE TO (c) <b>Generalized Arteriosclerosis</b>		
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"/>
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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)	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 **Sept 5, 1953**, to **Nov 7, 1953**, that I last saw the deceased alive on **Nov 7, 1953**, and that death occurred at **8 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. Wilson, M.D.</b>	23b. ADDRESS <b>214 1/2 N. Main</b>	23c. DATE SIGNED <b>11-9-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/11/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wt. Moriah</b>	24d. LOCATION (City, town, or county) (State) <b>Slater, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11/11/53</b>	REGISTRAR'S SIGNATURE <b>Mrs. Earl C. Metz</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hall Brothers</b>	ADDRESS <b>Slater Mo</b>
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Sam M. Hill

Licensed Embalmer No. 1292

P. O. Address Slater 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.