

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38484**

FILED DEC 9 1953

BIRTH NO. _____ REG. DIST. NO. **387** PRIMARY REG. DIST. NO. **4086** Registrar's No. **20**

0170

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

1. PLACE OF DEATH a. COUNTY CARROLL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TINA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RFD, Tina, Missouri 0170	
c. LENGTH OF STAY (in this place) 7 years		d. STREET ADDRESS (If rural, give location) Missouri Tina Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home, Tina, Missouri			

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL	b. (Middle) E	c. (Last) WILSON	4. DATE OF DEATH (Month) (Day) (Year) Dec. 3rd, 1953
---	----------------------	-------------------------	--

5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April, 8th, 1865	9. AGE (In years last birthday) Months Days Hours Min. 88 7 25
-----------------	-------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (State or foreign country) McDonald County, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
---	---	--	---

13a. FATHER'S NAME John Wilson	13b. MOTHER'S MAIDEN NAME Isabel Vernard,	14. NAME OF HUSBAND OR WIFE Amy Wilson,
---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Amy Wilson Tina, Missouri
---	-------------------------------	--

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		10 days.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Congestion Lungs		4 days.
DUE TO (c) Fracture Rt. Hip		4 wks.	
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) 017 (STATE)
--	--	--

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 **Nov. 16, 1942**, to **Dec. 3, 1953**, that I last saw the deceased alive on **Dec 1, 1953**, and that death occurred at **5 P. m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. W. Mattingly M.D.	23b. ADDRESS Cheltenham, Missouri	23c. DATE SIGNED 12-4-53.
--	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/5/1953	24c. NAME OF CEMETERY OR CREMATORY Arkadelphia Cemetery	24d. LOCATION (City, town, or county) (State) Avalon, Missouri
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. 12-5-1953	REGISTRAR'S SIGNATURE Mrs Rex Henderson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin, Tina, Mo.
---	--	---

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.....

Clifford W. Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.