

S. No. 300  
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39781

State File No. ....

FILED NOV 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 59

|  |                               |  |  |  |   |  |
|--|-------------------------------|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Morgan</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>  |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Moreau Township 4 hrs.</u> )   |                               | c. LENGTH OF STAY (In this place) <u>4 hrs.</u>  |  | c. CITY OR TOWN <u>Versailles</u>  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 M. South Versailles</u>   |                               | e. STREET ADDRESS (If rural, give location) <u>1/2 M. S. Versailles, Mo.</u>   |  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>John</u> b. (Middle) <u>Allen</u> c. (Last) <u>Wilson</u>   |                               |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17, 1953</u> |  |   |  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  | 8. DATE OF BIRTH <u>Dec. 26, 1872</u>                      | 9. AGE (In years last birthday) <u>80</u>  | 10. IF UNDER 1 YEAR (Month) (Day) (Year) <u>10 21</u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan Co., Missouri</u>   |   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |                               | 13a. FATHER'S NAME <u>John Wilson</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Sarah Collier</u>                                   |   |  |
| 14. NAME OF HUSBAND OR WIFE <u>Liza Wilson</u>   |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |  | 16. SOCIAL SECURITY NO. <u>None</u>  |   |  |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Everett Wilson</u>  |                               | ADDRESS <u>Versailles, Mo.</u>   |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>        |  |
| 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) <u>No</u>   |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4500</u>                      |   |  |
| 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 <u>Nov 8, 1953</u> , to <u>Nov 17, 1953</u> , that I last saw the deceased alive on <u>Nov 16, 1953</u> , and that death occurred at <u>8 P. M.</u> , from the causes and on the date stated above. |                               |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>J. L. Washburn M.D.</u>  |                               | 23b. ADDRESS <u>Versailles, Mo.</u>  |  | 23c. DATE SIGNED <u>Nov 20, 53</u>   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                               | 24b. DATE <u>19 Nov. 53</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>                    |   |  |
| 24d. LOCATION (City, town, or county) (State) <u>Versailles, Missouri</u>  |                               | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. F. Tidwell Versailles, Mo.</u>  |  |  |   |  |
| DATE REC'D BY LOCAL REG. <u>Nov 20, 53</u>   |                               | REGISTRAR'S SIGNATURE <u>J. L. Washburn</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. F. Tidwell Versailles, Mo.</u>    |   |  |

0710  
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.....  
Signature of Student Embalmer

Signed *Raymond C. Forber*.....

Licensed Embalmer No *H. 626*.....

P. O. Address *Versailles*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.