S. No. 300
. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4645

FILED MAR 1 1954

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 317

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clinton
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 912 N Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clinton 0422
d. STREET ADDRESS (If rural, give location) 912 N Main

3. NAME OF DECEASED (Type or Print)
a. (First) ERNEST
b. (Middle) —
c. (Last) WILSON

4. DATE OF DEATH (Month) (Day) (Year) Feb. 11 1954

5. SEX MALE
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Mar. 29 1891
9. AGE (In years last birthday) 62 — If under 1 year: Months 10, Days 12 — If under 1 hr.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (City and State or Foreign Country) Henry County Missouri
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Lewis Wilson
13b. MOTHER'S MAIDEN NAME Ella Robinson
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME Martha Massengale **ADDRESS** Clinton Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) EXSANGUINATION — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) HODGKINS DISEASE — MONTHS.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 201X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 10, 1953, *to* Feb. 11, 1954, *that I last saw the deceased alive on* Feb. 1, 1954, *and that death occurred at* 2:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE R. E. Massengale, (Degree or title) M. D.
23b. ADDRESS CLINTON, MO.
23c. DATE SIGNED Feb. 11

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/14/54
24c. NAME OF CEMETERY OR CREMATORY Col. Cem.
24d. LOCATION (City, town, or county) (State) Clinton Mo.

DATE REC'D BY LOCAL REG. Feb-22-54
REGISTRAR'S SIGNATURE Florence Adair 0422
25. FUNERAL DIRECTOR'S SIGNATURE Fred Wilkinson ADDRESS Funeral Home Clinton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 F Lee Schabing

Licensed Embalmer No. 4513

P. O. Address Clinton 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.