No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22801

BIRTH NO. _____ REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 4210 Registrar's No. 6

410
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ridgeway
c. LENGTH OF STAY (in this place): 42 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Harrison.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ridgeway
d. STREET ADDRESS (If rural, give location): West Part town. 0410

3. NAME OF DECEASED (Type or Print)
a. (First): Lizzie
b. (Middle): May
c. (Last): Wilson.

4. DATE OF DEATH (Month) (Day) (Year): 7 - 12 - 54

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb - 7 1875
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 5 Days 5 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Keeper of Own Home
10b. KIND OF BUSINESS OR INDUSTRY: House Work
11. BIRTHPLACE (State or foreign country): Jefferson Co Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Swark.
13b. MOTHER'S MAIDEN NAME: Caroline Paland
14. NAME OF HUSBAND OR WIFE: Thomas Wilson 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 / ADDRESS: Clara Brown Gillman City.

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): Pulmonary edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): congestive heart failure
DUE TO (c):

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4341
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* July 11, 1954, *to* July 12, 1954, *that I last saw the deceased alive on* July 11, 1954, *and that death occurred at* 10:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Francis S. Kow DO
23b. ADDRESS: Eagleville, Mo
23c. DATE SIGNED: 7/14/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-15-54
24c. NAME OF CEMETERY OR CREMATORY: Ridgeway Cemetery.
24d. LOCATION (City, town, or county) (State): ½ mile N.W. Ridgeway Mo.

DATE REC'D BY LOCAL REG.: July 15-54
REGISTRAR'S SIGNATURE: Lake Brewer 11-5
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Robert R Boggess Ridgeway 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 Robert N Rogers.

Licensed Embalmer No. 85.76

P. O. Address Ridgeway Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.