

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22834**BIRTH NO. _____ REG. DIST. NO. **131**, PRIMARY REG. DIST. NO. **4218** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor	
c. LENGTH OF STAY (In this place) 6 years		d. STREET ADDRESS (If rural, give location) 809 S. Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION 809 S. Main			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) E c. (Last) WILSON			4. DATE OF DEATH (Month) (Day) (Year) July 10, 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan 18 1878		9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Philadelphia, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME W. J. Miller		13b. MOTHER'S MAIDEN NAME Mary Cox		14. NAME OF HUSBAND OR WIFE Walter Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Wilson, Windsor, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		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 170 X				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) (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 **Jan 3, 1954** to **July 10, 1954**, that I last saw the deceased alive on **July 10, 1954**, and that death occurred at **11:23 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Roy B Jordan M.D.		23b. ADDRESS Windsor Mo		23c. DATE SIGNED 7-11-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-12-54		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	
24d. LOCATION (City, town, or county) (State) Windsor Missouri		24e. DATE REC'D BY LOCAL REG. July-12-54		24f. REGISTERAR'S SIGNATURE Florence Adam	
24g. ADDRESS 1422		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Huston-Turner Windsor, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Student Embalmer

Signed

William M. Turner

Licensed Embalmer No. *4648*

P. O. Address *Windsor, N.C.*

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.