

FILED AUG 2 - 1954

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **23622**

BIRTH NO. _____		REG. DIST. NO. <b>181</b>		PRIMARY REG. DIST. NO. <b>4302</b>		Registrar's No. <b>141</b>			
1. PLACE OF DEATH a. COUNTY <b>Livingston</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chula</b>		c. LENGTH OF STAY (in this place) <b>Lifetime</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chula</b>		d. STREET ADDRESS (If rural, give location) <b>0590</b> <b>0</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>✓</b>				d. STREET ADDRESS (If rural, give location) <b>✓</b>					
3. NAME OF DECEASED (Type or Print)			a. (First) <b>Mary</b>	b. (Middle) <b>A.</b>	c. (Last) <b>Wilson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 19 1954</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 26 1872</b>		9. AGE (In years, last birthday) (If under 1 year: Months) (Days) (If under 1 hr. Hour) (Min.) <b>82 0 23</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>Livingston County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>William Hughes</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown C. O. Wilson</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>R. O. Wilson Chillicothe Mo.</b>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH <b>24 hr.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MYOCARDIAL FAILURE</b>				DUE TO (b) <b>Heat Prostration</b>				36 hr.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Senility</b>									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E 9310</b> <b>22</b>									
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) (STATE)		<b>05-9</b>			
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 <b>June 19, 1954</b> , to <b>July 18, 1954</b> , that I last saw the deceased alive on <b>July 18, 1954</b> , and that death occurred at <b>1:30 P. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>R. W. Mackey M.D.</b>				23b. ADDRESS <b>Chillicothe, Mo.</b>		23c. DATE SIGNED <b>7-20-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 21 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Plainview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Chula Mo</b>			
DATE REC'D BY LOCAL REG. <b>7-21-54</b>		REGISTRAR'S SIGNATURE <b>Frances B. Neill</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Robertson</b>		ADDRESS <b>Funeral Home Chula Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
0.48

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 \_\_\_\_\_

*J. M. Robertson*

Licensed Embalmer No. \_\_\_\_\_

*4388*

P. O. Address \_\_\_\_\_

*Laredo, Tex*

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.