

FILED JUL 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23998

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Pike</u>	
b. CITY OR TOWN <u>Leimona</u>	c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>Bowling Green</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0820</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Minnie</u>	b. (Middle) <u>Bethelza</u>	c. (Last) <u>Wilson</u>	(Month) <u>July</u>	(Day) <u>19</u>	(Year) <u>1954</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 23 1877</u>	9. AGE (In years, last birthday)	10. MONTHS	11. DAYS	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Laurelville Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

12a. FATHER'S NAME <u>Wm Denton</u>	13. MOTHER'S MAIDEN NAME <u>Emma Dumm</u>	14. NAME OF HUSBAND OR WIFE <u>George P Wilson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. George P. Wilson</u>	ADDRESS <u>Bowling Green</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>atosis</u> DUE TO (c) <u>Ca of Pancreas</u>		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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 _____
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22. I hereby certify that I attended the deceased from 7-14, 1954 to 7-19, 1954 that I last saw the deceased alive on 7-19, 1954 and that death occurred at 10:10 P.M., from the causes and on the date stated above.

23. SIGNATURE <u>Chas A. Sullivan</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Louisiana, Missouri.</u>	23c. DATE SIGNED <u>7-20-54</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 21, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pine Lawn Rural Park</u>	24d. LOCATION (City, town, or county) (State) <u>Bowling Green, Mo</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>July 21, 1954</u>	1374 <u>Bernice Collier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Denkehead</u>	ADDRESS <u>Bowling Green</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *James C. Kincaid*.....

Licensed Embalmer No. *452*

P. O. Address *Bowling*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.