

FILED DEC 30 1954

## STANDARD CERTIFICATE OF DEATH

40278

State File No. ....

BIRTH NO. .... REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4059 Registrar's No. 581

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neelyville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neelyville</u> <u>0120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>General Del</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u> b. (Middle) <u>Wilson</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 11 - 1954</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>4 - 6 - 1892</u>		9. AGE (In years last birthday) <u>62</u>		10. UNDER 1 YEAR Months		11. UNDER 1 HR. Hours		12. UNDER 1 MIN. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>State Mississippi</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
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13a. FATHER'S NAME <u>Norris Matton</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Manuel 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) <u>No</u>				16. SOCIAL SECURITY NO. <u>No</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Manuel Wilson</u>				ADDRESS			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Dementia</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>Unknown</u> <u>Unknown</u>	
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19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				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) m.				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 Oct. 15, 1954, to Nov. 11, 1954, that I last saw the deceased alive on Nov. 11, 1954, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. L. Smith</u>				23b. ADDRESS <u>120 A Box 328, Neelyville, Mo.</u>				23c. DATE SIGNED <u>11-12-54</u>			
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24a. BURIAL - CREMATION (Specify)		24b. DATE <u>11-12-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Neelyville</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Co. Mo.</u>			
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DATE REC'D BY LOCAL REG. <u>12/27/54</u>		REGISTRAR'S SIGNATURE <u>J. L. Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Smith</u>		ADDRESS <u>Director, Mo.</u>			
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1924

RECEIVED

DEC 27 1954

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 *Carleton S. Donaldson*

Licensed Embalmer No. *4935*

P. O. Address *Box 211 Charleston*

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

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