

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21263**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **684**

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan 0117		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 4		c. LENGTH OF STAY (in this place) unknown	c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Parkview at Sunnyslope 3225 So. 11th St.			e. STREET ADDRESS (If rural, give location) Andrews Hotel - 1224 So. 6th St.,		
3. NAME OF DECEASED (Type or Print) a. (First) Harry			b. (Middle)	c. (Last) Wilson	4. DATE OF DEATH (Month) (Day) (Year) July 8, 1955
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH September 18, 1885	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and State or Foreign Country) Tarkio, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Louis E. Wilson		13b. MOTHER'S MAIDEN NAME Mariah Ranney		14. NAME OF HUSBAND OR WIFE Zula	
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. 478-18-9403	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Zula Wilson, Tarkio, Missouri		
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) Septic intestinal hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) etiology undetermined. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerosis, generalized. Senile psychosis		INTERVAL BETWEEN ONSET AND DEATH 12 hrs. years.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 578 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) m.		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 25 Sept , 1954, to 3 July , 1955, that I last saw the deceased alive on 18 June , 1955, and that death occurred at 6:45 p. m., from the causes and on the date stated above.					
23a. SIGNATURE Willie C. McDonald		(Degree or title) M. D. O	23b. ADDRESS 301 N. 8th St., St. Joseph, Mo.		23c. DATE SIGNED 5 July 55
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 7/8/1955	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Tarkio, Missouri	
DATE REC'D BY LOCAL REG. July 13, 1955	REGISTRAR'S SIGNATURE Cather M. Allison 0		485	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Bowman St. Joseph, 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.....
Signature of Student Embalmer

Signed *Richard D. Collins*.....

Licensed Embalmer No. *495*.....

P. O. Address *St. Joseph*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.