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FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33924

5510

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

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>3036</u>		Registrar's No. <u>97</u>		
1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Aurora</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>514 W. PLEASANT 05510</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>Virginia</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 31 - 1955</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>MAY 10 - 1903</u>		9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
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 <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LEFLORE COUNTY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>WALTER Thraikill</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Moss</u>		14. NAME OF HUSBAND OR WIFE <u>GLENN Wilson</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>GLENN Wilson</u>	ADDRESS <u>Aurora, Mo</u>					
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra-aerial Hemorrhage</u>				DUE TO (b) <u>arteriosclerosis and hypertension finally</u>				<u>12 hours</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>e. v. disease</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443X</u>				
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>May</u> , 19 <u>48</u> , to <u>Oct 31</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct 31</u> , 19 <u>55</u> , and that death occurred at <u>11:50 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. Melvin M.D.</u>				23b. ADDRESS <u>315 W. Madison, Aurora, Mo.</u>		23c. DATE SIGNED <u>11/3/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/3/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>11-8-1955</u>	REGISTRAR'S SIGNATURE <u>Oran Me Natt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Marsh</u>	ADDRESS <u>Aurora, Mo.</u>				

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 *Myself*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Oliver L. Ward*

Licensed Embalmer No. 3814

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