

FILED DEC 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39591**

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 5034		Registrar's No. 243		
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Audrain				
b. CITY (If outside corporate limits, write RURAL and give town) Rural, Prairie		c. LENGTH OF STAY (If in hospital or institution) 4 1/2 yrs.		c. CITY OR TOWN Rural, Prairie		d. Is 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 R.F.D.#1, Molino				• STREET ADDRESS (If rural, give location) R.F.D.#1, Molino 2070				
3. NAME OF DECEASED (Type or Print) a. (First) Lida			b. (Middle) M.		c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 7, 1872		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 1 Wks. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Callaway County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Kenny McHugh			13b. MOTHER'S MAIDEN NAME Martha Hockaday		14. NAME OF HUSBAND OR WIFE			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Stanley Wilson R.F.D.#1, Molino				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201					INTERVAL BETWEEN ONSET AND DEATH unknown unknown		
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)		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 March 3, 1950 , to Aug 1, 1955 , that I last saw the deceased alive on Aug 1, 1955 , and that death occurred at 6:20 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Ernest S. Yant MD				23b. ADDRESS Mexico, Mo		23c. DATE SIGNED 12-14-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 15, 55	24c. NAME OF CEMETERY OR CREMATORY Bethel		24d. LOCATION (City, town, or county) (State) Audrain County, Missouri			
DATE REC'D BY LOCAL REG. Dec 14-1955		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright-Houston Funeral Home Mexico, Mo.				

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

(Licensed Embalmer's Statement on Reverse Side)

FEB 14 1958

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 *Robert L. Hueston*
Licensed Embalmer No. 468

P. O. Address Mexico, Mo.

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.