

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8663

State File No.

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 86

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON MO.</u> | | c. CITY OR TOWN <u>LESLIE</u> 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 <u>ST. FRANCES, Washington</u> | | e. STREET ADDRESS (If rural, give location) <u>RAI Leslie Mo. 0301</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u> b. (Middle) <u>WILSON</u> c. (Last) <u>WILSON</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-15-1956</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>3-4-1874</u> |
| 9. AGE (In years last birthday) <u>82</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>RAI Leslie Mo</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home work</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>James Wilson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Catharine Miller</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John Wilson</u> ADDRESS _____ |
| 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) <u>Arterial Sclerotic Ht. Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>General Arterial Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Emphysema</u> <u>Pulmonary Fibrosis</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | |
| 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 <u>March 1950</u> , to <u>3-15-1956</u> that I last saw the deceased alive on <u>3-14-1956</u> , and that death occurred at <u>8:15 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Chas. A. Shurtz</u> | | 23b. ADDRESS <u>Leslie Mo</u> | |
| 23c. DATE SIGNED | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-17-56</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>St Paul</u> | | 24d. LOCATION (City, town, or county) (State) <u>Herald Franklin Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>3/17/56</u> | | REGISTRAR'S SIGNATURE <u>L.P. Schumann</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Meyer</u> ADDRESS <u>Herald Mo</u> | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

APR 2 1956

APR 6 2 1956

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 *Stanley E. Meyer*

Licensed Embalmer No. 4639

P. O. Address *Gerald*

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.