

0.300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9916

FILED APR 2 - 1956

State File No.

BIRTH NO. REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 13

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>New Madrid</u> | c. LENGTH OF STAY (In this place) <u>Life</u> | c. CITY OR TOWN <u>New Madrid</u> | 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 <u>Home</u> | | e. STREET ADDRESS (If rural, give location) <u>Box 273</u> | |

| | | | | |
|-------------------------------------|------------------------|-------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Emma</u> | b. (Middle) | c. (Last) <u>Wilson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 21, 56</u> |
|-------------------------------------|------------------------|-------------|-------------------------|--|

| | | | | | | |
|--|---|---|--|--|---|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>8 Mar. 1875</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>13</u> | IF UNDER 2 HRS. Hours <u>0</u> Mins. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>---</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>New Madrid, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |

| | | |
|---|---|---|
| 13a. FATHER'S NAME <u>Frank Wilson</u> | 13b. MOTHER'S MAIDEN NAME <u>Harriet LaForge</u> | 14. NAME OF HUSBAND OR WIFE <u>---</u> |
|---|---|---|

| | | | |
|---|--|---|----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (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>Marian Ball</u> | ADDRESS <u>5450 Latus, 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>Cerebral Hemorrhage Hypertensive Pneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile Hypertension Arteriosclerosis</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331x</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 July 1st, 1953, to March 21, 1956, that I last saw the deceased alive on March 20, 1956, and that death occurred at 10:20 P. m., from the causes and on the date stated above.

| | | |
|--|-----------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Orville B. Chandler M.D.</u> | 23b. ADDRESS <u>New Madrid Mo</u> | 23c. DATE SIGNED <u>3-26-56</u> |
|--|-----------------------------------|---------------------------------|

| | | | |
|--|-------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>24 Mar 56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sandhill Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>New Madrid, Missouri</u> |
|--|-------------------------------|--|--|

| | | | |
|---|--|--|---------------------------------|
| DATE REC'D BY LOCAL REG. <u>26 Mar. 56</u> | REGISTRAR'S SIGNATURE <u>Tommy L. Roberts</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards & Wiltco</u> | ADDRESS <u>New Madrid Mo</u> |
|---|--|--|---------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

2
0

DATE RECEIVED MAR 27 1956
NEW MADRID CO. HEALTH CENTER-
P. J. S.

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 Tommy L. Roberts.....

Licensed Embalmer No. 488.....

P. O. Address New Madrid.....

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.