

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17225**

FILED MAY 22 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **590L** Registrar's No. **101**

1. PLACE OF DEATH a. COUNTY <b>Pemissot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemissot</b>	
b. CITY OR TOWN <b>Rural Concord</b>		c. CITY OR TOWN <b>Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>East of Dry Bayou Baptist Church</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Matilda</b>	b. (Middle) <b>Amar</b>	c. (Last) <b>Wilson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 11, 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>2 Oct 15, 1869</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>26</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City, and State or Foreign Country) <b>Pemissot County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Andrew Leroy</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Stubbs</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>C.O. Wilson</b>	ADDRESS <b>Rt 2 Postageville Mo</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypo static pneumonia 4 days</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 or 5 yrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio sclerosis</b>		
	DUE TO (c) <b>diabetic ulcer - better 6 or 8 yrs</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>4500</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **4-14-1956** to **4-11-1956** that I last saw the deceased alive on **4-11-1956**, and that death occurred at **5:00** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. Hines M.D.</b>	23b. ADDRESS <b>Hoyti, Mo.</b>	23c. DATE SIGNED <b>5-5-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-14-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dry Bayou Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Dry Bayou near Concord Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5-15-56</b>	REGISTRAR'S SIGNATURE <b>John St. German</b>	FUNERAL DIRECTOR'S SIGNATURE <b>John St. German</b>	ADDRESS <b>Hoyti, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

5-135-56

MAY 21 1956

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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..... *John H. German* .....

Licensed Embalmer No. *435* .....

P. O. Address *Hayti, 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.