

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24494**

FILED JUL 17 1956

BIRTH NO. _____ REG. DIST. NO. **242** PRIMARY REG. DIST. NO. **4362** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Mo b. COUNTY New Madrid	
b. CITY OR TOWN Morchaume		c. CITY OR TOWN Morchaume	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		e. STREET ADDRESS (If rural, give location) 0720	

3. NAME OF DECEASED (Type or Print) a. (First) Raisey b. (Middle) Wilson c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 6-24-1956		
---	--	--	--	--	--

5. SEX F. M.		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 10, 1888		9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 10 Days 15 IF UNDER 24 HRS. Hours 15 Min. _____	
---------------------	--	---------------------------	--	---	--	---------------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTH PLACE (City and State or Foreign Country) Harden Co., Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
---	--	---	--	---	--	--	--

13a. FATHER'S NAME Louis Ozee		13b. MOTHER'S MAIDEN NAME Mary Young		14. NAME OF HUSBAND OR WIFE Andrew Wilson	
--------------------------------------	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Andrew Wilson ADDRESS Morchaume, Mo	
--	--	-------------------------------	--	---	--

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 hour	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____		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) _____ 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 **6:24** **1956**, to **6:24**, **1956**, that I last saw the deceased alive on **6:24**, **1956**, and that death occurred at **8:00 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE F. M. Jones, M.D. (Degree or title) 0		23b. ADDRESS Morchaume, Mo.		23c. DATE SIGNED 6-28-56	
--	--	------------------------------------	--	---------------------------------	--

24. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 6-26-56		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Liketon, Mo.	
--	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. 6-28-56		REGISTRAR'S SIGNATURE Kathleen M. Park		25. FUNERAL DIRECTOR'S SIGNATURE James Liketon ADDRESS _____	
---	--	---	--	---	--

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

51

240-

NEW MADRID COUNTY HEALTH CENTER
NEW MADRID, MISSOURI
NEW MADRID

DATE RECEIVED JUL 3 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 Elgin McMath
Licensed Embalmer No. 4695

P. O. Address Charleston

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.