

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34681**
Registrar's No. **124**

FILED NOV 13 1956

BIRTH NO. _____ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **4281**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy		c. CITY OR TOWN Troy	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 32 yr		• STREET ADDRESS (If rural, give location) 0510	
d. FULL NAME OF HOSPITAL OR INSTITUTION In her own home			

3. NAME OF DECEASED (Type or Print) a. (First) ELSIE b. (Middle) BELLE c. (Last) WILSON			4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 5, 1895	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Days 8 IF UNDER 24 HRS. 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 Housework	11. BIRTHPLACE (City and State or Foreign Country) Truxton Mo.		12. CITIZEN OF WHAT COUNTRY? 0

13a. FATHER'S NAME James D. Lemmon	13b. MOTHER'S MAIDEN NAME Susan Colbert	14. NAME OF HUSBAND OR WIFE John Wilson
---	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME John Wilson	ADDRESS Troy 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, asthma, 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) Carcinoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Long Carcinoma Lungs 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 Carcinoma	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 **7/1**, 19**56**, to **Nov. 1**, 19**56**, that I last saw the deceased alive on **Nov. 1**, 19**56**, and that death occurred at **9.20P. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. C. Reed (Degree or title) MD	23b. ADDRESS Troy Mo	23c. DATE SIGNED Nov 3, 56
--	-----------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 4, 1956	24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery	24d. LOCATION (City, town, or county) (State) Troy Mo
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. Nov. 10-56	REGISTRAR'S SIGNATURE Emma B. Riddle	25. FUNERAL DIRECTOR'S SIGNATURE Arthur W. Goy	ADDRESS Troy Mo
--	---	---	------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

162
0

1577

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 *D.W. McCoy*.....
Licensed Embalmer No. 3586.....

P. O. Address..... Troy, 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.