

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40691**
1322

FILED DEC 24 1956

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission! a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	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) 34 yrs.		e. STREET ADDRESS (If rural, give location) 718 South 21st Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 718 South 21st Street			

3. NAME OF DECEASED (Type or Print)	a. (First) Ida	b. (Middle) Mae	c. (Last) Wilson	4. DATE OF DEATH (Month) (Day) (Year) Dec. 10 1956
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Mar. 7, 1896	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY Pvt. Family	11. BIRTHPLACE (City and State or Foreign Country) Muskogee, Oklahoma	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Wilson	13b. MOTHER'S MAIDEN NAME Cordelia Chism	14. NAME OF HUSBAND OR WIFE Leon Anderson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-36-3858	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Arzella Wright-Omaha, Neb.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of st. ovary		1 year?
	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 10 Aug. 1956	19b. MAJOR FINDINGS OF OPERATION C. of st. ovary with liver metastasis.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 175X
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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 Apr. 22, 1952, to Dec. 10, 1956, that I last saw the deceased alive on 12/10, 1956, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William C. McDonald M.D. CP	23b. ADDRESS 301 N. 8th St., St. Joseph, Mo.	23c. DATE SIGNED 12/12/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 14-1956	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Dec. 14, 1956	REGISTRAR'S SIGNATURE Catharine M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. H. Alexander, St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Wm. H. Alexander*

Licensed Embalmer No. *4450*

P. O. Address *St. Joseph*

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.