

FILED FEB 7 1957 STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place) <u>18 yrs.</u>	c. CITY OR TOWN <u>New London</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3517 Market St.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>REBECCA</u> b. (Middle) <u>ADELINE</u> c. (Last) <u>WILSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 31 1957</u>	

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN. 4 1864</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MINS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Ralls Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>JAMES H. KEITH</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH LEFEVER</u>	14. NAME OF HUSBAND OR WIFE <u>GEORGE MATT WILSON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Lawson</u> ADDRESS <u>3517 Market Hannibal Mo.</u>
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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, 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) <u>Chr. Myocarditis, Arterio-sclerotic in type</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</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>4221</u>	20. AUTOPSY? 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)
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 12-27, 1947, to JAN. 31, 1957, that I last saw the deceased alive on JAN. 28, 1957, and that death occurred at 11:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. V. Murphy M.D.</u>	23b. ADDRESS <u>Hannibal - Mo.</u>	23c. DATE SIGNED <u>2-1-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 4 - 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barkley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New London Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-1-57</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Luske</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. ...</u> ADDRESS <u>Meigs Franklin Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

270

RECEIVED FEB 5 1957
MARION CO. HEALTH DEPT.
DATE FILED FEB 5 1957

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..... *Irvin Fields Megaw*

Licensed Embalmer No. *4093*

P. O. Address *Frankford, N.J.*

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.