

FILED MAR 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8113**

BIRTH NO.		REG. DIST. NO. 98	PRIMARY REG. DIST. NO. 4160	Registrar's No. 42
1. PLACE OF DEATH a. COUNTY DAVIESS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY DAVIESS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WINSTON		c. LENGTH OF STAY (in this place) 20 YRS	c. CITY OR TOWN WINSTON	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) EDNA b. (Middle) ALICE c. (Last) WILSON		4. DATE OF DEATH (Month) (Day) (Year) MARCH 13-1957		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC 22-1874	9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 2 Days 22 IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUS WORK		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) LIVENSTON COUNTY, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME BROOKS ANDREW		13b. MOTHER'S MAIDEN NAME ZERILDA BURKETT		14. NAME OF HUSBAND OR WIFE WILLIAM WILSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Edna J. Huffman ADDRESS Winston 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial asthma DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 7 years years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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)		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 April , 19 47 , to March 13 , 19 57 , that I last saw the deceased alive on March 4 , 19 57 and that death occurred at 12:30 p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) J. K. Wilson M.D.		23b. ADDRESS Winston MO		23c. DATE SIGNED 3/14/57
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-15-57		24c. NAME OF CEMETERY OR CREMATORY CLEAR CREEK
24d. LOCATION (City, town, or county) DAVIESS		24e. (State) MO		
DATE REC'D BY LOCAL REG. 3-21-57		REGISTRAR'S SIGNATURE Virginia M Engelhart		25. FUNERAL DIRECTOR'S SIGNATURE Kate O'Hara ADDRESS Winston MO

(Licensed Embalmer's Statement on Reverse Side)

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 *L. O. Dickerson*.....

Licensed Embalmer No. *330*.....

P. O. Address *Collating*.....

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.