

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11958**

FILED APR 22 1957

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>143</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u>				b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ARKSVILLE</u>		c. LENGTH OF STAY (in this place) <u>3 wks</u>		c. CITY OR TOWN <u>Bucklin</u>		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 <u>K.O.H.</u>				e. STREET ADDRESS (If rural, give location) <u>0580</u>					
3. NAME OF DECEASED a. (First) <u>Lucille</u>			b. (Middle)		c. (Last) <u>Wilson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 15, 1957</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 20, 1918</u>		9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>	
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 <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>NEW BOSTON, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>JAMES E BRADLEY</u>			13b. MOTHER'S MAIDEN NAME <u>CORA E.</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>489-32-3908</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>TED JACKSON, New Boston Mo.</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lourey Nephros Nephros</u>						<u>3 wks</u>	
		DUE TO (c) <u>Collagen disease probably</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Peristitis nodosa</u>						<u>3 wks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>456X</u>						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) (Min.)		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 <u>Mar 23, 1957</u> , to <u>April 15, 1957</u> , that I last saw the deceased alive on <u>April 15, 1957</u> , and that death occurred at <u>5:10 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Deputy or Title) <u>Dr. Luten</u>				23b. ADDRESS <u>Wilkesville Mo</u>		23c. DATE SIGNED <u>4-15-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Apr. 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bucklin Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-15-1957</u>		REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Larson</u>		ADDRESS <u>Bucklin Mo</u>			

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

JUN 11 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.....

*E. J. Larson*

Licensed Embalmer No. 4037

P. O. Address *Bucklin, 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.