U.S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12693

FILED APR 22 1957

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 124

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1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WASHINGTON
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. FRANCES

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO- b. COUNTY: FRANKLIN
c. CITY OR TOWN: GERALD
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): RR II

0360

3. NAME OF DECEASED (Type or Print)
a. (First): LIZZIE, b. (Middle): MARY, c. (Last): WILSON

4. DATE OF DEATH (Month) (Day) (Year): 4-14-57

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH: 12-15-1869
9. AGE (In years ~~last birthday~~): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM. MAID
10b. KIND OF BUSINESS OR INDUSTRY: ON FARM
11. BIRTHPLACE (City and State or Foreign Country): GERALD. RR II MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN WILSON
13b. MOTHER'S MAIDEN NAME: IRELLE WEST
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Minnie Wilson — ADDRESS: Gerald, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arterial Sclerotic H. Dis.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pneumonitis Recent

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-9-, 1957, *to* 4-14-, 1957, *that I last saw the deceased alive on* 4-14, 1957, *and that death occurred at* 6:23 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas A Schum H Mo
23b. ADDRESS: Gerald Mo
23c. DATE SIGNED: 4-15-57

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)
24b. DATE: 4-17-57
24c. NAME OF CEMETERY OR CREMATORY: ST. PAUL
24d. LOCATION (City, town, or county) (State): GERALD MO

DATE REC'D BY LOCAL REG.: Apr. 16, 1957
REGISTRAR'S SIGNATURE: H. C. Heidmann G. L. C. Heidmann Jr.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: E. J. Meyer Gerald Mo

(Licensed Embalmer's Statement on Reverse Side)

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

99-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley E. Dreyer

Licensed Embalmer No. 4635

P. O. Address Chanute K

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.