

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24696
842

FILED AUG 11 1958

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

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. JOSEPH</u>		c. CITY OR TOWN <u>MOUND CITY</u> d. Is Residence within limits of city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c. LENGTH OF STAY (in this place) <u>1 DAY</u>		e. STREET ADDRESS (If rural, give location) <u>BENTON TWP 3 MI. N.E.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI METHODIST HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u>		b. (Middle) <u>MYRTLE</u>		c. (Last) <u>WILSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>2</u> <u>58</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL, 30 1884</u>		
9. AGE (in years) <u>74</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.				
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>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>NEAR MOUND CITY MO. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>JOHN J. ADAMS</u>		13b. MOTHER'S MAIDEN NAME <u>MARILLA LEACH</u>		14. NAME OF HUSBAND OR WIFE <u>COLE M. WILSON</u>	
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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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>COLE M. WILSON</u> ADDRESS <u>MOUND CITY MO.</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>generalized carcinoma</u>		DUPLICATE OF (a) <u>carcinoma of ovary</u>		<u>3 mo.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUPLICATE OF (b) <u>6 yrs.</u>	
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		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		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)	
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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?	
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22. I hereby certify that I attended the deceased from 8/1, 1958, to 8/2, 1958, that I last saw the deceased alive on 8/2, 1958, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John Aronson M.D.</u>		23b. ADDRESS <u>420 W 8th St Mound Mo</u>		23c. DATE SIGNED <u>8/2/58</u>	
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-4-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT HOPE</u>		24d. LOCATION (City, town, or county) (State) <u>MOUND CITY MO.</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 4, 1958</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Peterson & Crawford</u> ADDRESS <u>MOUND CITY MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 14 1958

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..... *James H. Pettigrew*
Licensed Embalmer No. *3192*
P. O. Address *Oregon 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.