

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001179

STATE FILE NUMBER

FILED FEB 10 1959

Registration District No. 174 Primary Registration District No. 5562 Registrar's No. 12

300
-57

1. PLACE OF DEATH a. COUNTY Iron			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arcadia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> #	c. CITY OR TOWN Ironton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home for aged Baptist		Length of stay in lb 4mo.	d. STREET ADDRESS (If outside, give location) 320 E Reynolds		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Sarah Middle Wilson Last Wilson			4. DATE OF DEATH Month Jan. Day 19 Year 1959		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 12, 1881	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 3 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Lesterville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Daniel Lester		13b. MOTHER'S MAIDEN NAME Martha Jone Weeks		14. NAME OF HUSBAND OR WIFE Marcine Wilson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Theama Boerneman 1229 N. 8th St. St. Louis, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) Arteriosclerotic heart disease.				INTERVAL BETWEEN ONSET AND DEATH 1 week 2 years	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12-24-55 to 1-19-59 and last saw ^{her} _{him} alive on 1-17-59 Death occurred at 8 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Marcine C. Wilson, MD</i> (Degree or title)			22b. ADDRESS 109 N. Main, Ironton, Mo.		22c. DATE SIGNED 1-22-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/21/59	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		23d. LOCATION (City, town, or county) (State) Lesterville Missouri
24. FUNERAL DIRECTOR White Funeral Home Ironton, Mo.			25. DATE RECD. BY LOCAL REG. 1-22-59	26. REGISTRAR'S SIGNATURE <i>Willis Avis Jones</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

21 1959

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 Max White....., Student Embalmer No. 561..... working under my personal supervision.

Student Max White.....
Signature of Student Embalmer

Signed Max White.....

Licensed Embalmer No. 3012.....

P. O. Address Stanton 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.