

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017189

STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 93 Primary Registration District No. Registrar's No. 59-41

300
1-57

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dade	
b. CITY OR TOWN Greenfield <small>(If outside corporate limits, give TOWNSHIP only)</small>		c. CITY OR TOWN Greenfield <small>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></small>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 204 McPherson		d. STREET ADDRESS 204 McPherson <small>(If outside, give location)</small>	
3. NAME OF DECEASED (Type or print) First Eva Middle Maud Last Wilson		4. DATE OF DEATH Month May Day 17 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 23, 1880
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 7 Days 9	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Dade County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Radford C. Divine	
13b. MOTHER'S MAIDEN NAME Phrayne Yokley Russell		14. NAME OF HUSBAND OR WIFE Leonard Wilson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mr. Leonard Wilson, Greenfield, 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) Cancer of breast.			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-1-59 to 5-17-59 and last saw her alive on 5-16-59 Death occurred at 12:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. C. Canada (Degree or title) _____		22b. ADDRESS Greenfield, Mo.	
		22c. DATE SIGNED 5-18-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 19, 1959	
23c. NAME OF CEMETERY OR CREMATORIUM Greenfield Cem.		23d. LOCATION (City, town, or county) (State) Greenfield, Mo.	
24. FUNERAL DIRECTOR J. C. Canada, Greenfield, Mo. ADDRESS _____		25. DATE RECD. BY LOCAL REG. 5-18-59	
		26. REGISTRAR'S SIGNATURE J. C. Canada	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs are to be causally related.

MAY 26 1956

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 *J. C. Canada*

Licensed Embalmer No. *4196*
P. O. Address *Greenfield, N*

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.