

8 Wilson

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020248  
State File No.

FILED JUN 11 1959

BIRTH NO. REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4522 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain Grove</u>		c. LENGTH OF STAY (in this place) <u>15 months</u>	c. CITY OR TOWN <u>Mountain Grove</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>719 Frisco Street</u>		e. STREET ADDRESS (If rural, give location) <u>719 Frisco Street</u> <u>1141</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mollie</u>		b. (Middle) <u>Wilson</u> c. (Last) <u>Wilson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1959</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>July 1, 1881</u> 9. AGE (In years last birthday) <u>77</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>DUSTRY</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Quincy, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>S. L. Wagoner</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Walter Wilson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Wilson</u> ADDRESS <u>Mountain Grove, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 Hours</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Bronchial Pneumonia</u>	
		DUE TO (c) <u>Congestive Circulatory Failure</u>	
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (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>5-27</u> , 19 <u>59</u> , to <u>5-28</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>5-28</u> , 19 <u>59</u> , and that death occurred at <u>7:35A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Richard E. Mitchell Do</u>		23b. ADDRESS <u>Mtn Grove, Mo</u>	
23c. DATE SIGNED <u>5/28/59</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 30, 1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Plesant Home Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Douglas County, Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber Funeral Home</u> ADDRESS <u>Mountain Grove, Mo</u>	
DATE REC'D BY LOCAL REG <u>6-1-1959</u>		REGISTRAR'S SIGNATURE <u>Berence L. Selman</u>	

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

JUN 1 1959

RECEIVED 6-6-59  
WRIGHT CO. HEALTH DEPT.  
County File No.

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: *George Stapp*.....

Licensed Embalmer No. *3161*.....

P. O. Address *W. H. Brown, 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.