MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-61-004743
STATE FILE NUMBER

AMENDED

Registration District No. 47 Primary Registration District No. 3608 Registrar's No. 43

FILED VS FEB 21 1961

1. PLACE OF DEATH
a. COUNTY Callaway

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Callaway

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton
Length of stay in 1b 45 Yrs.

c. CITY OR TOWN Fulton
Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 E. 9th St
Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 7 E. 9th St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Martha Middle Vaughn Last Wilson

4. DATE OF DEATH Month Feb. Day 14 Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 6/14/1875

9. AGE (last birthday) 85

IF UNDER 1 YEAR: Months 8 Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Housework

11. BIRTHPLACE (City and state or country) Callaway Co. Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joseph H. Dyson

13b. MOTHER'S MAIDEN NAME Mary Vaughn Wathall

14. NAME OF HUSBAND OR WIFE Chas. M. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mary E. Wilson Address Fulton Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of lip with metastasis to base of brain, cachexia & coma

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH ±1 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) generalized arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 1944, to 2/14/61 and last saw her alive on 2/16/61
Death occurred at about 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Henry Durst M.D. (Degree or title)

22b. ADDRESS Fulton, Mo.

22c. DATE SIGNED 2/17/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2/16/1961

23c. NAME OF CEMETERY OR CREMATORY Hillcrest

23d. LOCATION (City, town, or county) (State) Fulton Mo.

24. FUNERAL DIRECTOR Maupin Funeral Home ADDRESS Fulton Mo.

25. DATE RECD. BY LOCAL REG. Feb. 18 - 1961

26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 5082

P. O. Address Fulton Me

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.