

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**FILED** OCT 22 1945

Registration District No. \_\_\_\_\_ Primary Registration District No. **5043** Registrar's No. **54**

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

5  
6  
0

**1. PLACE OF DEATH:**

(a) County Barry

(b) City or town Rural Seligman  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sugar Creek Hos  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** MARY E. Wilson

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** female **5. Color or** white **6. (a) Single, widowed, married,** Widowed  
race

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
alive \_\_\_\_\_ years

**7. Birth date of deceased** July 1 1864  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
81	1	9	_____ hr. _____ min.

**9. Birthplace** Tennessee  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**

**12. Name** Pitts Edens

**13. Birthplace** Tennessee  
(City, town, or county) (State or foreign country)

**14. Maiden name** Melinda Rodgers

**15. Birthplace** Tennessee  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Alonzo Wilson

**(b) Address** Seligman Missouri

**17. (a) Burial** **(b) Date thereof** 8-11-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Roller Cemetery

**18. (a) Signature of funeral director** Culver Funeral Home

**(b) Address** Cassville Missouri

**19. (a) Oct 6-1945** **(b) Grace Williams**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Barry

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month August day 10 year 1945 hour 2 minute 17 M.

**21. I hereby certify that I attended the deceased from** Aug 8<sup>th</sup> 1945, to Aug 10<sup>th</sup> 1945;  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Myocardial Failure **Duration** 2 days

**Due to** Coronary Arteriosclerosis

**Due to** arteriosclerosis

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ **(Specify type of place)** \_\_\_\_\_ **(e) Means of injury** \_\_\_\_\_

**23. Signature** Paul Newman **(M.D. or other)** \_\_\_\_\_

**Address** Cassville Mo **Date signed** \_\_\_\_\_

RECEIVED

District Health Officer No. 6;

District File Number 1045-1052

Date Filed OCT 18 1945

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Margaret Cusler

Licensed Embalmer No. 4389

P. O. Address Cassville

**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 this body is not embalmed, fact should be so stated above.**