

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40866**

FILED JAN 6 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moreau Tw'n / Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>	
c. LENGTH OF STAY (in this place) <u>4 Days</u>		d. STREET ADDRESS (If rural, give location) <u>5 Mi. North Versailles, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie</u> b. (Middle) <u>E.</u> c. (Last) <u>Willson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1948</u>		
--	--	--	---	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>15 March 1885</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR <u>9</u> Days	IF UNDER 24 HRS. <u>1</u> Hour <u>5</u> Min.
----------------------	-------------------------------	---	---------------------------------------	---	-------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Morgan Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
--	---	---	---

13a. FATHER'S NAME <u>Ben Ernest</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Roe</u>	14. NAME OF HUSBAND OR WIFE <u>Ben Willson</u>
--------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>PAUL Kidwell</u>	ADDRESS <u>Versailles, Mo.</u>
--	-------------------------------------	---	--------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  <u>470</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2 Mos.</u>  <u>8-10 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic carcinoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive-Atherosclerotic Heart Disease</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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) <u>17</u>
--	--	--

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 Sept. 6, 1948, to Dec. 30, 1948, that I last saw the deceased alive on Dec. 30, 1948, and that death occurred at 9 15/A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lewis D. Curtner M.D.</u>	23b. ADDRESS <u>Versailles Missouri</u>	23c. DATE SIGNED <u>12-31-48</u>
---	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1 Jan. 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Versailles cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>1-3-49</u>	REGISTRAR'S SIGNATURE <u>J. L. Washburn</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. F. Kidwell</u>	ADDRESS <u>Versailles, Mo.</u>
--	---	---	--------------------------------

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

1-6-49  
C-264507

718

RECEIVED

District Health Officer No. 7,

District Number 12-48-1546

Date Filed 1-5-49

JAN 2 1949

NOV 5 1948

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 .....  
Student Embalmer

Signed

*J. F. Kimmel*

Licensed Embalmer No. 1596

P. O. Address Waverly 160

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.