

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41113

State File No.

FILED JAN 10 1949

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waynesville</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Waynesville</u>			
c. LENGTH OF STAY (In this place) <u>7 days</u>				d. STREET ADDRESS (If rural, give location) <u>De Witt Hospital</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) <u>Velma</u>		a. (First)		b. (Middle)		c. (Last) <u>Wilson</u>	
4. DATE OF DEATH <u>December 29, 1948</u>		(Month)		(Day)		(Year)	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>December 27, 1899</u>	
9. AGE (In years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Excelsior Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Shack Rickey</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Sharp</u>		14. NAME OF HUSBAND OR WIFE <u>Cecil Ross Wilson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Wilson</u> ADDRESS <u>Waynesville</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, asphyxia, etc. It means the disease, injury, or complication which caused death. <u>940</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>940</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>10 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ 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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-13</u> , 19 <u>48</u> , to <u>12-20</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>12-19</u> , 19 <u>48</u> , and that death occurred at <u>7:05 a.m.</u> , from the causes and on the date stated above. <u>2</u>							
23a. SIGNATURE (Describe or title) <u>Eugene J. Guichen</u>				23b. ADDRESS <u>De Witt Hosp. Waynesville Mo</u>		23c. DATE SIGNED <u>12-20-48</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec 24, 1948</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Excelsior Springs Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-7-49</u>		REGISTRAR'S SIGNATURE <u>Shelma C. Buck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Hedges</u> ADDRESS <u>Idora, Mo</u>			

(Licensed Emballer's Statement on Reverse Side)

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

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-----

Walter P. Hedges Student Embalmer No. -----

working under my personal supervision.

Student
Student Embalmer

Signed

Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Shenandoah, 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 this body is not embalmed, fact should be so stated above.