

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5350

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOUSE SPRINGS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BIG RIVER TWP SHIP</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>None.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL - MERAMEC 1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DELMAR</u>	b. (Middle) <u>CHRISTIAN</u>	c. (Last) <u>WILSON</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Feb 13-1949</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>JUNE 4-1915</u>	9. AGE (In years last birthday) <u>33-6-9</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>	11. BIRTHPLACE (State or foreign country) <u>CEDAR HILL - MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WM L WILSON</u>	13b. MOTHER'S MAIDEN NAME <u>TILLIE WILSON</u>	14. NAME OF HUSBAND OR WIFE <u>GLADYS WILSON (HUSKEY)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War 2</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Floyd Wilson De Soto Mo</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidentally in an automobile accident</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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway 20</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HOUSE SPRINGS JEFF. MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 13 1949 1300</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from inpatient held, Feb 13, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Daniel J Mahan Coroner</u>	23b. ADDRESS <u>Rebto Ave</u>	23c. DATE SIGNED <u>2/13/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/17/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local Baptist</u>	24d. LOCATION (City, town, or county) (State) <u>Men Cedar Hill Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 19 1949</u>	REGISTRAR'S SIGNATURE <u>Phil J. Hurd</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>see Mathurbaal</u>	ADDRESS <u>De Soto, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED
District Health Officer No. 9,
District File No. _____
Date Filed FEB 24 1949

MAR 24 1949

FEB 25 1949

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.

Signed _____
Student Embalmer

Signed J. Lee Mathershead

Licensed Embalmer No. 3531

P. O. Address De Soto, 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.