

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5804

BIRTH NO. _____		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 6001		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY <u>RALL'S</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saline Township</u> c. LENGTH OF STAY (in this place) <u>3yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Huntington R.R. 1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saline Township</u> d. STREET ADDRESS (If rural, give location) <u>Huntington R.R. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancey</u> b. (Middle) <u>Ann</u> c. (Last) <u>WILSON</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 23 1949</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>SEPT. 9, 1869</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) <u>79</u>		11. BIRTHPLACE (State or foreign country) <u>IOWA</u>	
13a. FATHER'S NAME <u>David Hootman</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH Dunn</u>		14. NAME OF HUSBAND OR WIFE <u>Warren D Wilson</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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>Nancy Mae Watkins</u> ADDRESS <u>in R.R. 1</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Probable Cause of</u> MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Death</u> DUE TO (c) <u>Death</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>354</u>				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.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>no medical attention</u> , to <u>death</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:55 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) <u>Clyde W. Weber, Coroner</u>				23b. ADDRESS <u>Pike County Mo.</u>		23c. DATE SIGNED <u>2/23/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Neix Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pike County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/24/49</u>		REGISTRAR'S SIGNATURE <u>Clyde E. Weber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & SON'S</u> ADDRESS <u>Monroe City Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 2-49-368

Date Filed FEB 28 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 me

Student Embalmer No. _____

working under my personal supervision.

Signed

Lester L. Nelson

Signed _____
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Memor City 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.