No. 300
10.48

FILED MAR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9639

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6042 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oxly
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Ripley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oxly
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Wesley
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): Feb. 26, 1949

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 2, 1867
9. AGE (In years last birthday): 81 — If under 1 year: Months 4, Days 24; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Crossville
12. CITIZEN OF WHAT COUNTRY?: U.S.a.

13a. FATHER'S NAME: John J. Wilson
13b. MOTHER'S MAIDEN NAME: Bettie E. Danells
14. NAME OF HUSBAND OR WIFE: Maude M. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Maude Wilson — **ADDRESS**: Oxly Mo

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — Interval between onset and death: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Stomach.
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: none
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 _____, 19__, to _____, 19__, that I last saw the deceased alive on* 26 Feb., 1949, *and that death occurred at* 11:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. M. Kobe (Degree or title): M.D.
23b. ADDRESS: Doniphan, Mo.
23c. DATE SIGNED: 2 Mar. '49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 28 '49
24c. NAME OF CEMETERY OR CREMATORY: Antioch
24d. LOCATION (City, town, or county) (State): Oxly Mo.

DATE REC'D BY LOCAL REG.: 3-2-1949
REGISTRAR'S SIGNATURE: C. D. Johnston 277
25. FUNERAL DIRECTOR'S SIGNATURE: Gisn Funeral Home — **ADDRESS**: Kaplan Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-3-49
District Health Officer No. 6
District File Number 349-190
Date Filed 3-21-49

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 Lyman McCord

Licensed Embalmer No. 4679

P. O. Address Naylor Mo.

Signed _____
Student Embalmer

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.