S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 2 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12986

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 426 Registrar's No. 6

**1. PLACE OF DEATH**
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellington
c. LENGTH OF STAY (in this place):
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: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellington, Missouri
d. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print)
a. (First): George
b. (Middle): Christian
c. (Last): Wilson

**4. DATE OF DEATH** (Month) (Day) (Year): April 15 1949

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: May 17, 1877
**9. AGE** (In years last birthday): 71 — If under 1 year: Months / Days — 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**: Retired
**11. BIRTHPLACE** (State or foreign country): Clay County
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: George Henry Wilson
**13b. MOTHER'S MAIDEN NAME**: Matilda Schear
**14. NAME OF HUSBAND OR WIFE**: Fanny Surber

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: 495-09-8926
**17. INFORMANT'S SIGNATURE OR NAME**: Edward L. Wilson — ADDRESS: Wellington, 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 36 hours.

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.*

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**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* 4, 14, 1949, *to* 4, 15, 1949, *that I last saw the deceased alive on* 4, 15, 1949, *and that death occurred at* 8:10 P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [signature] D.O.
**23b. ADDRESS**: Wellington, Mo.
**23c. DATE SIGNED**: 4/18/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: April 18, 1949
**24c. NAME OF CEMETERY OR CREMATORY**: Wellington City
**24d. LOCATION** (City, town, or county) (State): Wellington, Mo.

DATE REC'D BY LOCAL REG.: Apr. 18 1949
REGISTRAR'S SIGNATURE: Letta Drummond 152
**25. FUNERAL DIRECTOR'S SIGNATURE**: J. Elvin Shepard
ADDRESS: Wellington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Registrar
District Health Office No. 6,
District File No. .....
Date Filed 4-28-49

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## 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. Elvin Sheppard

Licensed Embalmer No. 4179

P. O. Address Wellington, 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.