

FILED JUL 28 1949

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24212

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 4356 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEW MADRID.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARMA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARMA	
c. LENGTH OF STAY (In this place) 57 yr.			
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE		d. STREET ADDRESS (If rural, give location) IN TOWN.	

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPHEUS	b. (Middle)	c. (Last) WILSON	4. DATE OF DEATH (Month) (Day) (Year) JULY 7, 1949
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5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 3, 1860	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 9 Days 24	IF UNDER 24 HRS. Hours 4 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED FARMER	NONE	INDIANA	U.S.A.

13a. FATHER'S NAME ANDREW WILSON	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE AIMA WILSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME <i>Alma Wilson Parma Mo</i>	ADDRESS
NO			

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Old age</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Poss Cancer of stomach</i>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>151X</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Oct 30, 1943*, to *July 7, 1949*, that I last saw the deceased alive on *7-5*, 1949, and that death occurred at *1:55 pm.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. DeW. Husted</i>	(Degree or title) <i>MD</i>	23b. ADDRESS <i>Parma Mo.</i>	23c. DATE SIGNED <i>7/12/49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE JULY 10, 49	24c. NAME OF CEMETERY OR CREMATORY MALDEN CEMETERY	24d. LOCATION (City, town, or county) (State) MALDEN MO.
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DATE REC'D BY LOCAL REG. <i>7-12-49</i>	REGISTRAR'S SIGNATURE <i>Dr. DeW. Husted</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>M. D. Watterton</i>	ADDRESS <i>Funeral Service Parma, Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 16 194

District Health Office No. 2

District File Number 744-13

Date Filed

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

B J Brentlinger

Licensed Embalmer No. 4201

P. O. Address Sixty Six

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.