

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26443

State File No. _____

24

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4289 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>CLAY Rural</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY 2nd</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BARRY Seltzer to ship</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BARRY Mo</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CAMELIA</u> b. (Middle) <u>LEE</u> c. (Last) <u>WILSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 4, 1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC. 16, 1881</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>BEVERLY T. LAMPTON</u>	13b. MOTHER'S MAIDEN NAME <u>LUCINDA ESTES</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN VAUGHN WILSON</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. JOHN BRONOUGH, BARRY, Mo.</u>
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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 <u>few yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</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.		<u>1/222</u>	

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) <u>1:15</u>	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 July 19, 1944 to Aug 4, 1949, that I last saw the deceased alive on Aug 4, 1949, and that death occurred at 1:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS (Degree or title) <u>Ms. C. Mo.</u>	23c. DATE SIGNED <u>8-15-49</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BARRY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>CLAY COUNTY, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 7 - 1949</u>	REGISTRAR'S SIGNATURE <u>Beverly Kitchener</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kollins & Mitchell, Platte City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 22
District Health Officer No. 8,

District File Number _____

Date Filed 8-27-49

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. 260

working under my personal supervision.

Roland M. Giffey
Student _____
Student Embalmer

Signed J. N. Brill
Licensed Embalmer No. 837

P. O. Address Akron, Ohio

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.