

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

State File No. **29609**

Registrar's No. **27**

BIRTH NO. _____		REG. DIST. NO. 62		PRIMARY REG. DIST. NO. 4108	
1. PLACE OF DEATH a. COUNTY CEDAR			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CEDAR		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STOCKTON			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JERICO SPRINGS		
d. FULL NAME OF HOSPITAL OR INSTITUTION \$			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) BESSIE		b. (Middle) _____		c. (Last) WILSON	
4. DATE OF DEATH (Month) (Day) (Year) SEPT. 1 1949					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Feb. 21, 1865	
9. AGE (In years last birthday) 84		10. MONTHS 6		11. DAYS 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Maries County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.					
13a. FATHER'S NAME GEORGE FENTON		13b. MOTHER'S MAIDEN NAME LOUISE MATLOCK		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. May Fox ADDRESS Stockton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Ht. Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 4 da.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.) _____		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 8-29 , 19 49 , to 8-31 , 19 49 , that I last saw the deceased alive on 8-31 , 19 49 , and that death occurred at 12 Noon , from the causes and on the date stated above.					
23a. SIGNATURE (Type or Print) Wm B Richter M.D.		23b. ADDRESS Stockton Mo		23c. DATE SIGNED 9-2-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Sept 3, 1949		24c. NAME OF CEMETERY OR CREMATORY LINDLEY PRAIRIE	
24d. LOCATION (City, town, or county) (State) CEDAR COUNTY, MO.					
DATE REC'D BY LOCAL REG. 9-30-1949		REGISTRAR'S SIGNATURE Geneva Garrison		FURNERAL DIRECTOR'S SIGNATURE John A. Cantlon ADDRESS Stockton, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

2600

00

RECEIVED
District Health Officer No. _____
District File Number 9-42-116
Date Filed 10-4-49

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.....
Student Embalmer

Signed John A. Cantlon
Licensed Embalmer No. 4387

P. O. Address Stoughton, Vt.

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.