

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33246**

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5181 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Apple Creek)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Apple Creek)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. S.W. Oak Ridge</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi. S.W. Oak Ridge</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOU</u> b. (Middle) <u>Ella</u> c. (Last) <u>WILSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26 1949</u>	
5. SEX <u>7</u> / <u>1</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 29-1874</u>
9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>28</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dewitt C. Simpson</u>		13b. MOTHER'S MAIDEN NAME <u>Anna R. Samuels</u>	
14. NAME OF HUSBAND OR WIFE <u>Thomas Wilson Dec.</u>			
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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Ellie Simpson</u>		ADDRESS <u>Oak Ridge Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Trombosis or Blocked Heart</u> INTERVAL BETWEEN ONSET AND DEATH <u>Onset 9-30-49 to 10-26</u> ANTECEDENT CAUSES DUE TO (b) <u>Passing clot through brain</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Slight Paralysis prior to heart block</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Age!</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>9-30, 1949</u> , to <u>10-25, 1949</u> , that I last saw the deceased alive on <u>10-25, 1949</u> , and that death occurred at <u>6 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R.D. Blylock M.D.</u>		23b. ADDRESS <u>Oak Ridge Mo</u>	
23c. DATE SIGNED <u>10-30-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 29-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oak Ridge Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-1-49</u>		REGISTRAR'S SIGNATURE <u>A.G. Schur</u> <u>43</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Leubaugh-Haird Jackson</u>		ADDRESS <u>Mo.</u>	

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

RECEIVED 11-7-49

District Health Officer No. 4

District File Number 1149-1

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.

Signed *P. O. Laird*

Signed Student Embalmer

Licensed Embalmer No. 4538

P. O. Address *Jackson, 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.