

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34797

State File No.

Registrar's No. 64

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6037

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

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union</u>	
c. LENGTH OF STAY (in this place) <u>18 years</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 Mi. S.E. of Ponder Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 Mi. S.E. of Ponder Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Elcaney</u> c. (Last) <u>Wilder</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 25, 1872</u>	9. AGE (In years last birthday) (Months) (Days) <u>77</u> <u>4</u> <u>25</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Bristol, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Isaac Wilder</u>	13b. MOTHER'S MAIDEN NAME <u>Betsy Leonard</u>	14. NAME OF HUSBAND OR WIFE <u>Carrie Wilder</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>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C. F. Sisco</u>	ADDRESS <u>Ponder, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>32 HOURS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE PERITONITIS</u>		5 DAYS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>INTESTINAL OBSTRUCTION</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5705	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 18 SEPT., 1949, to 19 SEPT., 1949, that I last saw the deceased alive on 19 SEPT., 1949, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. K. ... M.D.</u>	(Degree or title)	23b. ADDRESS <u>Doniphan, Mo.</u>	23c. DATE SIGNED <u>20 Sept. 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 21, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ponder, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-20-49</u>	REGISTRAR'S SIGNATURE <u>E. C. Johnston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Means</u>	ADDRESS <u>Doniphan, Mo.</u>
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RECEIVED 10/15/49
District Health Officer No. 5,
District File Number 1049655
Date Filed 10/20/49

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.

Student
Student Embalmer

Signed Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.