

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41846

State File No. _____

BIRTH NO. 23390-49 REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5825 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>2 miles west of Catron</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>2 miles west of Catron</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Como Twsp.</u>		d. STREET ADDRESS (If rural, give location) <u>Como Twsp.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Chester</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Wilson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 18 1949</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 1 YEAR Days <u>6</u>	IF UNDER 2 HRS. Hours <u></u>	IF UNDER 2 HRS. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Catron, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Wilson</u>	14. NAME OF HUSBAND OR WIFE
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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 <u>Josephine Wilson, Catron, Mo.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sustained</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>		

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from Aug. 21, 1949, to Aug. 24, 1949, that I last saw the deceased alive on Aug 23, 1949, and that death occurred at 5 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clarence M. Ponder</u>	23b. ADDRESS <u>Monterey, Mo.</u>	23c. DATE SIGNED <u>Aug. 26-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 24 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Simmons Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Catron, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>12/10/49</u>	REGISTRAR'S SIGNATURE <u>Dr. Geo. W. Husted</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home, Lilbourn, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 13 1949

District Health Office No.

District File Number 1249-12

Case 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 Homer L. Fender

Licensed Embalmer No. 367

P. O. Address Libbourn, 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.