

FILED FEB 2 1950

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> 0104	
c. LENGTH OF STAY (in this place) <u>2.5 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>222 Lynn St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sanford Rest Home</u>			

3. NAME OF DECEASED: a. (First) CHARLES b. (Middle) EDWARD c. (Last) WILSON 4. DATE OF DEATH (Month) (Day) (Year) 1-22-1950

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH about 1867 9. AGE (In years last birthday) about 82 IF UNDER 1 YEAR: Months - Days - IF UNDER 4 HRS.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber 10b. KIND OF BUSINESS OR INDUSTRY Barber shop 11. BIRTHPLACE (State or foreign country) Fulton Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Beulah Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Wilson Jr. Fulton, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral pleurisy pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>446X</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>Chronic nephritis, arteriosclerosis</u>			

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from viewed as coroner, 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE Harry W. Griffith, M.D. Coroner (Degree or title) 23b. ADDRESS Columbia Mo 23c. DATE SIGNED Jan. 24, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Removed 24b. DATE 1-25-1950 24c. NAME OF CEMETERY OR CREMATORY Fulton 24d. LOCATION (City, town, or county) (State) Fulton Missouri

DATE REC'D BY LOCAL REG. Jan. 25 1950 REGISTRAR'S SIGNATURE Mrs R E Palmer 31 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stuart Parker Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

----- District File Number -----

District Health Officer No. 9,

RECEIVED JAN 30 1950

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 *Stuart D. Hunter*

Licensed Embalmer No. *3900*

P. O. Address. *10 Hunter*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.