

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5727

FILED MAR 13 1950

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louissiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>0570</u>	
c. LENGTH OF STAY (In this place) <u>12 hours</u>		d. STREET ADDRESS (If rural, give location) <u>10 miles South East of Eolia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Lee</u> c. (Last) <u>Wilson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18-1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 31st 1865</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>Farming</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u>			
13a. FATHER'S NAME <u>James H. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Senura McIntosh</u>	
14. NAME OF HUSBAND OR WIFE <u>None</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. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lawell Wilson</u>		ADDRESS <u>Whiteside 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>Supertensive Cardio-Vascular</u> ANECEDENT CAUSES <u>Renal Disease</u> MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (b) Bronchopneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3 days</u>	
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 <u>2-17</u> , 1950, to <u>2-18</u> , 1950, that I last saw the deceased alive on <u>2-18</u> , 1950, and that death occurred at <u>7:30 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas. H. Lummel M.D.</u>		23b. ADDRESS <u>Louissiana, Mo.</u>	
23c. DATE SIGNED <u>2-18-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 20-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mill Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>6 miles South of Eolia-Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 20, 1950</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u> 374	
25. FUNERAL DIRECTOR'S SIGNATURE <u>McCue Hardware Co</u>		ADDRESS <u>Eolia</u>	

RECEIVED MAR 7 19
District Health Officer No
District File Number 3-50-7
Date Filed MAR 7 19

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 Norman E. Hoach

Signed _____
Student Embalmer

Licensed Embalmer No. 2342

P. O. Address Edina, 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.