

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7794**

FILED MAR 20 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 270

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanana</u>   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Joseph</u> |  | c. LENGTH OF STAY (In this place)<br><u>31 Years</u> | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Joseph</u>  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>615 Robidoux</u>                                      |  |  | d. STREET ADDRESS (If rural, give location)<br><u>615 Robidoux</u>   |  |  |

|  |                       |                         |                     |                 |                    |
|--|-----------------------|-------------------------|---------------------|-----------------|--------------------|
| 3. NAME OF DECEASED<br>(Type or Print) |                       |                         | 4. DATE OF DEATH    |                 |                    |
| a. (First) <u>Elizabeth</u>            | b. (Middle) <u>A.</u> | c. (Last) <u>Wilson</u> | (Month) <u>Mar.</u> | (Day) <u>5,</u> | (Year) <u>1950</u> |

|                      |                               |  |                                      |   |  |   |
|----------------------|-------------------------------|--|--------------------------------------|---|--|---|
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Oct. 1, 1868</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR<br>Months <u>1</u> Days <u>1</u> | IF UNDER 2 HRS.<br>Hours <u>1</u> Min. <u>0</u> |
|----------------------|-------------------------------|--|--------------------------------------|---|--|---|

|   |  |   |   |  |
|---|--|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>at home</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>at home</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Romeo, Michigan</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u> |
|---|--|---|---|--|

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME<br><u>August Schroder</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE<br><u>George W. Wilson</u> |
|--|---|--|

|   |  |   |                                  |
|---|--|---|----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Miss Ruth E. Wilson, St. Joseph, Mo</u> | ADDRESS<br><u>St. Joseph, Mo</u> |
|---|--|---|----------------------------------|

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 1/2 hrs</u><br><u>3 yrs</u><br><u>3 yrs</u><br><u>4 1/2</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarct</u>   |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Chronic myocarditis</u><br>DUE TO (c) <u>Arteriosclerosis</u> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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) (Minute) | 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 Mar 10<sup>th</sup> 1950 to Mar 5<sup>th</sup> 1950, that I last saw the deceased alive on Mar 5, 1950, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

|                                       |                   |                                       |                                   |
|---------------------------------------|-------------------|---------------------------------------|-----------------------------------|
| 23a. SIGNATURE<br><u>W. Jasthakes</u> | (Degree or title) | 23b. ADDRESS<br><u>St. Joseph, Mo</u> | 23c. DATE SIGNED<br><u>3/6/50</u> |
|---------------------------------------|-------------------|---------------------------------------|-----------------------------------|

|  |                            |  |   |
|--|----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u> | 24b. DATE<br><u>3/8/50</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park</u> | 24d. LOCATION (City, town, or county) (State)<br><u>St. Joseph, Mo.</u> |
|--|----------------------------|--|---|

|   |   |     |   |                                   |
|---|---|-----|---|-----------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>Mar 10, 1950</u> | REGISTRAR'S SIGNATURE<br><u>E. G. Jenkins</u> | 382 | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Heaton-Bowman-Tunney</u> | ADDRESS<br><u>St. Joseph, Mo.</u> |
|---|---|-----|---|-----------------------------------|

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

0117

*Ms. Myra Tarkenton*

**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 *Jameal P. Hawkins*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. Grand, MN

**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.