

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11779**

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

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 62661 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROGERSVILLE RR#3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROGERSVILLE RR#3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1170</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERTA</u> b. (Middle) <u>JEAN</u> c. (Last) <u>WILSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 24 50</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>FEBRUARY 1, 1949</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months <u>24</u> Days <u>28</u> IF UNDER 11 HRS. Hours <u>11</u> Min. <u>0</u>
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DEAN WILSON</u>		13b. MOTHER'S MAIDEN NAME <u>BONNIE ROBB</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>DEAN WILSON</u> ADDRESS <u>ROGERSVILLE, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? 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) <u>WEBSTER</u> (STATE) <u>MO</u>	
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? _____	
22. I hereby certify that I attended the deceased from <u>Feb. 23, 1950</u> to <u>Feb. 24, 1950</u> , that I last saw the deceased alive on <u>Feb. 24, 1950</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. R. Schultz, M.D.</u>		23b. ADDRESS <u>Ford Coal, Mo.</u>	23c. DATE SIGNED <u>3/22/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-26-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Panther Valley Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>WEBSTER County Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-22-50</u>	REGISTRAR'S SIGNATURE <u>Hester W. Good</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelly - Farnell - Bergman</u> ADDRESS <u>Rogersville, Mo.</u>	

RECEIVED MAR 27 1950

District Health Office No. 6,

District File Number 350-326

Date Filed 3-28-50

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 H. H. Kelley

Signed _____

Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Fordland me.

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.