

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13682

State File No.

0550

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

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>4277</u>		Registrar's No. <u>41</u>					
1. PLACE OF DEATH a. COUNTY <u>Laurens</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laurence</u>							
b. CITY OR TOWN <u>Verona</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Verona</u>		<u>0550</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>							
3. NAME OF DECEASED (Type or Print)			a. (First) <u>MARY</u>			b. (Middle) <u>ANN</u>					
			c. (Last) <u>WILKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 15 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>JAN 31 1863</u>		9. AGE (In years last birthday) Months Days <u>87 2 14</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>GREENE COUNTY, MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>American</u>		
13a. FATHER'S NAME <u>Alex PARSONS</u>			13b. MOTHER'S MAIDEN NAME <u>Evelyn CAVENER</u>			14. NAME OF HUSBAND OR WIFE <u>John J. (Deceased)</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>Homer Wilks</u>			ADDRESS <u>Verona</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u>						<u>8 mo</u>	
				*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
				ANTECEDENT CAUSES							
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
				DUE TO (b) <u>Auricular Fibrillation</u>							
				DUE TO (c) <u>Arterio-Sclerosis</u>							
				II. OTHER SIGNIFICANT CONDITIONS							
				Conditions contributing to the death but not related to the disease or condition causing death.						<u>330 X</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>Aug 9, 1949</u> , to <u>April 15, 1950</u> ; that I last saw the deceased alive on <u>April 15 1950</u> , and that death occurred at <u>5:15 pm.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>F. Avery Watson D.O.</u>				(Degree or title)				23b. ADDRESS <u>Verona, Mo.</u>		23c. DATE SIGNED <u>4-24-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR. 17 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee Cemetery North of Verona</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>					
DATE REC'D BY LOCAL REG. <u>Apr 24 50</u>		REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>			157		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar L. ...</u>		ADDRESS <u>Verona</u>		

MO

RECEIVED MAY 2 1950

District Health Director No. 6,

District File No. 550-524

Date Filed 5-2-50

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 _____

GERE H. Parrent

Student Embalmer No. 349

working under my personal supervision.

Signed Gene Sherrill
Student Embalmer

Signed Oscar L. Marsh

Licensed Embalmer No. 3812

P. O. Address Ames, 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.