

S. No. 300
EV. 10-48

FILED MAY 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 13820

0640

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MARION	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OAK WOOD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OAK WOOD	
c. LENGTH OF STAY (in this place) 35 yrs.		d. STREET ADDRESS (If rural, give location) 3306 ST CHARLES STR	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3306 ST CHARLES			

3. NAME OF DECEASED (Type or Print) a. (First) EDWIN b. (Middle) MUGH c. (Last) WILSON			4. DATE OF DEATH (Month) (Day) (Year) MAY 6 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEBRUARY 19 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR: Months 2 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BANKER		10b. KIND OF BUSINESS OR INDUSTRY BANK CASHIER		11. BIRTHPLACE (State or foreign country) 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Henry C WILSON		

13b. MOTHER'S MAIDEN NAME EMILY WATERS		14. NAME OF HUSBAND OR WIFE LUCILE Brown WILSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 998-07-9813	
17. INFORMANT'S SIGNATURE OR NAME Edwin J. Wilson ADDRESS Hennard			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 MW	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUE TO (b) Hypertension		DUE TO (c) Coronary-vascular-Renal Syndrome - 109	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Syndrome			

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) (STATE) 442X	
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 **Jan**, 19**45**, to **May 6 1950**, that I last saw the deceased alive on **May 5**, 19**50**, and that death occurred at **10:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE H. B. Norton M.D. (Degree or title)		23b. ADDRESS Hennard		23c. DATE SIGNED 5-8-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE MAY 9 1950		24c. NAME OF CEMETERY OR CREMATORY Grandview Burial Park	
24d. LOCATION (City, town, or county) (State) RAHLS County Missouri		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SON		ADDRESS MONROE CITY MO.	
DATE REC'D BY LOCAL REG. 5-8-50		REGISTRAR'S SIGNATURE Wm. E. M. Lucko Deputy		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SON	

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

RECEIVED MAY 10 1950
MARIION . O. HEALTH DEPT.
DATE FILED MAY 13 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 me

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.