

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15607

BIRTH NO. _____		REG. DIST. NO. <u>338</u>		PRIMARY REG. DIST. NO. <u>4501</u>		Registrar's No. <u>23</u>				
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Stoddard Mo.</u> b. COUNTY <u>Stoddard</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bloomfield</u>		c. LENGTH OF STAY (In this place) <u>10.30</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bloomfield</u>		<u>10.30</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>MATTIE</u>			b. (Middle) <u>A.</u>		c. (Last) <u>WILSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 1, 1950</u>			
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>May 10, 1868</u>		9. AGE (In years last birthday) <u>81</u>	10. MONTHS <u>10</u>	11. DAYS <u>21</u>	12. HOURS <u>0</u>	13. MIN. <u>0</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 <u>---</u>		11. BIRTHPLACE (State or foreign country) <u>Bloomfield, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Robert Colbert</u>			13b. MOTHER'S MAIDEN NAME <u>Ann Carr</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased Chas. Wilson</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>Mrs. Lotta Patton, Bloomfield, Mo.</u>				ADDRESS <u>Bloomfield, 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>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>  <u>yes!</u>		
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)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>January 19, 1950</u> to <u>Mar 28, 1950</u> , that I last saw the deceased alive on <u>Mar 28, 1950</u> , and that death occurred at <u>1:15 pm.</u> from the causes and on the date stated above.										
23a. SIGNATURE <u>Dr. James O. M.D.</u>				23b. ADDRESS <u>Bloomfield Mo.</u>		23c. DATE SIGNED <u>April 19, 1950</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 4-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bloomfield cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bloomfield, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>April 20-50</u>		REGISTRAR'S SIGNATURE <u>Rose Webber</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>CHILES UND. CO. Bloomfield, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

RECEIVED APR 24 195

District Health Office No.

District File Number 450-5

Date Filed \_\_\_\_\_

**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, & by Lulu

Cooper # 3499

~~Student's Certificate No.~~

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John B. Cooper*

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.