S. No. 300
v. 10.48

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15847

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: BATES.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICH HILL.
c. LENGTH OF STAY (in this place): LIFE.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1401 E. MAPLE.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BATES.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICH HILL, MO. 007
d. STREET ADDRESS (If rural, give location): 1401 E. MAPLE.

3. NAME OF DECEASED (Type or Print): a. (First) MINNIE b. (Middle) c. (Last) WILSON
4. DATE OF DEATH (Month) (Day) (Year): MAY-21-1950
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED.
8. DATE OF BIRTH: AUG-14-1869
9. AGE (In years last birthday): 80 — If under 1 year: Months 9, Days 7 — If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE.
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BATES COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: JAMES D. BUTLER.
13b. MOTHER'S MAIDEN NAME: UNKNOWN.
14. NAME OF HUSBAND OR WIFE: MATHESON WILSON.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lea Ellis — ADDRESS: Rich Hill Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension Malignant — Unknown

DUE TO (c) Arteriosclerosis (Cerebral) — Unknown

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 443X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-11, 1950, *to* 5-21, 1950, *that I last saw the deceased alive on* 5-21, 1950, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: T. R. McBee (Degree or title) D.O.
23b. ADDRESS: Erka Bldg. Rich Hill MO
23c. DATE SIGNED: 5-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL - U
24b. DATE: MAY-24-1950
24c. NAME OF CEMETERY OR CREMATORY: DOUBLE BRANCH.
24d. LOCATION (City, town, or county) (State): BATES COUNTY, MO

DATE REC'D BY LOCAL REG.: May 22, 1950
REGISTRAR'S SIGNATURE: Mrs. Earl Douglas
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Booth Funeral Home - Rich Hill Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-1-50
District Health Officer No. 7
District File Number 5-50-586
Date Filed 6-1-50

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed John L [redacted]

Licensed Embalmer No. 3585

P. O. Address Butler 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.