No. 300
10.48

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39605

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6197 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: TEXAS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL BURDEYE
c. LENGTH OF STAY (In this place): 3 YERS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 63 HIGHWAY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: TEXAS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL BIRDEYE
d. STREET ADDRESS (If rural, give location): 63 HIGHWAY

3. NAME OF DECEASED (Type or Print): a. (First) BEULAH b. (Middle) MARY c. (Last) WILSON

4. DATE OF DEATH (Month) (Day) (Year): OCT. 28 1950

5. SEX: F. 1
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT. 8 1893
9. AGE (In years last birthday): 57
If under 1 year: Months / Days: 20
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): TENNESEE
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: J.H. RICHARDS
13b. MOTHER'S MAIDEN NAME: FRANCES KING
14. NAME OF HUSBAND OR WIFE: W.C. WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Richard Wilson
ADDRESS: Mtn. Grove, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Uterus — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

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

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.

174X

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): BURDEYE TEXAS MO.
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* Oct 1948, *to* Oct 27, 1950, *that I last saw the deceased alive on* Oct 27, 1950, *and that death occurred at* 6:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Garrett Hogg (Degree or title): D
23b. ADDRESS: Cabool Mo.
23c. DATE SIGNED: Nov 1/50

24a. ~~BURIAL, CREMATION~~, REMOVAL (Specify): REMOVAL
24b. DATE: OCT. 30/50
24c. NAME OF CEMETERY OR CREMATORY: OAK HILL CEMETERY
24d. LOCATION (City, town, or county) (State): SELMER TENN.

DATE REC'D BY LOCAL REG.: 10-30-50
REGISTRAR'S SIGNATURE: Gaynell Cunningham
25. FUNERAL DIRECTOR'S SIGNATURE: R. W. Barber
ADDRESS: Mtn. Grove, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED NOV 9 1950
Dist. File 1150-2250
Date Filed 11-15-50

NOV 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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.