No. 300
10.48

500
3

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

JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41295

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~DESOTO~~ Rural-Valle
c. LENGTH OF STAY (In this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hy 21 + 2 MI, NE, of DESOTO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: WASHINGTON 0360
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL CADET R1
d. STREET ADDRESS (If rural, give location): Cadet R#1.

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

4. DATE OF DEATH (Month) (Day) (Year): DEC 19 1950

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: Feb 25 1912
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: SAWMILL
11. BIRTHPLACE (State or foreign country): ST LOUIS MO 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: HOMER GILBERT WILSON
13b. MOTHER'S MAIDEN NAME: BERTHA AUBUCHON
14. NAME OF HUSBAND OR WIFE: LORA 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.:
17. INFORMANT'S SIGNATURE OR NAME: LORA WILSON — ADDRESS: 21 CADET, 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): INTERNAL INJURIES

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.

INTERVAL BETWEEN ONSET AND DEATH: E 8224 / 32

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIWAY 21 A
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): VALLE JEFFERSON MO 50
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): DEC 19 1950 4:30 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: TRUCK TURNING OVER

22. *I hereby certify that I attended the deceased from* INQUEST, 19___, *to* DEC 19, 1950, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Daniel J. Malone 3 Coroner Ffo
23b. ADDRESS: Desoto Mo.
23c. DATE SIGNED: Dec 19 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial A
24b. DATE: Dec 22 1950
24c. NAME OF CEMETERY OR CREMATORY: St Joachim
24d. LOCATION (City, town, or county) (State): Patoka MO

DATE REC'D BY LOCAL REG.: 12-24-50
REGISTRAR'S SIGNATURE: Marie Farris, 0 .146
25. FUNERAL DIRECTOR'S SIGNATURE: Sparks Funeral Home — ADDRESS: Patoka MO

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 12-27-50

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 Ernell B Dietrich

Signed.....
Student Embalmer

Licensed Embalmer No. 4104

P. O. Address De Soto 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.