

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10.48

FILED DEC 29 1950

Dr. Larno

State File No. 4362

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 5835 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>		
b. CITY OR TOWN <b>Morehouse, Mo</b>		c. LENGTH OF STAY (in this place) <b>50 Yrs</b>	c. CITY OR TOWN <b>Morehouse, Mo</b>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Monroe</b> c. (Last) <b>Wilson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 4 1950</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>6/7/77</b>		9. AGE (In years last birthday) <b>73</b>
IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 1 YEAR Days <b>27</b>	IF UNDER 24 HRS. Hours <b></b>	IF UNDER 24 HRS. Min. <b></b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self</b>	11. BIRTHPLACE (State or foreign country) <b>Sikeston, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>John Wilson</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Farris</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha Wilson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John C. Wilson</b>	ADDRESS <b>Morehouse, Mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach</b> 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 <b>1 year</b>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11-1**, 19**50**, to **12-4**, 19**50**, that I last saw the deceased alive on **7-4**, 19**50** and that death occurred at **1** P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Tom Larno, M.D.</b> (Degree or title)	23b. ADDRESS <b>Morehouse, Mo.</b>	23c. DATE SIGNED <b>12-11-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/5/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Sikeston, Mo</b>
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DATE REC'D BY LOCAL REG. <b>12/22-50</b>	REGISTRAR'S SIGNATURE <b>Thomas M. Sheets</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Nancy Jones</b>	ADDRESS <b>Sikeston, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

721

RECEIVED

DEC 27 1950

DISTRICT HEALTH OFFICE No. 6

File No. ....

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 John Allitt

Licensed Embalmer No. 2941

P. O. Address Superior

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.