

FILED FEB 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2046

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>3051</u>		Registrar's No. <u>8</u>		
1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville Mo.</u>			c. LENGTH OF STAY in this place <u>8 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville Mo.</u>			<u>0791</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dodds Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Murry</u>			b. (Middle) <u>Wilson</u>		c. (Last) <u>Wilson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 23 1882</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charley Wilson</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Puntman Wilson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Willard Wilson Perryville 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>Hypertensive Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post Paralysis</u> DUE TO (c) <u>Arteriosclerosis</u> 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>4.0 days</u> <u>1 yr</u> <u>4508</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>10-26</u> , 19 <u>50</u> , to <u>July 5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-4</u> , 19 <u>51</u> , and that death occurred at <u>8:50A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Willard Wilson</u> (Degree or title) <u>Dr</u>				23b. ADDRESS <u>Perryville Mo</u>		23c. DATE SIGNED <u>2/6/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 7 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Goshen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>FEB. 7, 1951</u>		REGISTRAR'S SIGNATURE <u>Joe J. Zollner</u> <u>250</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young &amp; Sons Perryville</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

191  
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RECEIVED

FEB 14 1951

DISTRICT HEALTH OFFICE No. 6

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.....

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Wallace Young*.....

Licensed Embalmer No. *4027*.....

P. O. Address *Pineville, 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.