

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Missouri c. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 39 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1006 Dewey Parkview Nursing Home		d. STREET ADDRESS (If rural, give location) 1402 So. 25th	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Jessie	b. (Middle) B.	c. (Last) Wilson	April 1, 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH June 14, 1864	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) automobile trimmer		10b. KIND OF BUSINESS OR INDUSTRY garage	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? US	

13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME Sarah (Unknown)	14. NAME OF HUSBAND OR WIFE Mary E. Wilson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 493-18-2144	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ralph May	ADDRESS 1402 S. 25th, St. Joseph, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) Cardiac decompensation		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS	Senility		
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **1/13/51**, 19___, to **4/1/51**, 19___, that I last saw the deceased alive on **3/31/51**, 19___, and that death occurred at **2:31A** m., from the causes and on the date stated above.

23a. SIGNATURE J. Charolene H. Doctor	(Degree or title) Doctor	23b. ADDRESS Bldg.	23c. DATE SIGNED 4/3/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/3/51	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery	24d. LOCATION (City, town, or county) (State) Pleasant Hill Missouri
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DATE REC'D BY LOCAL REG. April 5, 1951	REGISTRAR'S SIGNATURE Carl C. Costello	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman Funeral Home	ADDRESS St. Joseph, Mo.
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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.

Signed William Spalbing

Signed _____
Student Embalmer

Licensed Embalmer No. 4535

P. O. Address 319 S. 18th St. St. Joseph, 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.