

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8220**
Registrar's No. **18**

FILED APR 3 1951

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5513**

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Leesville	c. LENGTH OF STAY (In this place) 18 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Leesville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1st house E. of Tightwad		d. STREET ADDRESS (If rural, give location) 1 st. house E. of Tightwad	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) E.	c. (Last) Wilson	4. DATE OF DEATH (Month) (Day) (Year)	March 22 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 25 1865	9. AGE (In years last birthday)	85	IF UNDER 1 YEAR	MONTHS 10	IF UNDER 24 HRS.	DAYS 27	HOURS -	MIN. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Henry Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Ritchey	13b. MOTHER'S MAIDEN NAME Lucy Ann DeLoizer	14. NAME OF HUSBAND OR WIFE George Wilson (deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Edwards	ADDRESS Tightwad, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		2 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis		unknown
DUE TO (c) _____		4/22/51	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dorsal kyphosis due to spinal arthritis		5 year	

19a. DATE OF OPERATION None	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) No	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) (Min.)	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 **Feb 19, 1951**, to **March 22, 1951**, that I last saw the deceased alive on **March 16, 1951**, and that death occurred at **12:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE S. B. Hughes (Degree or title) M.D.	23b. ADDRESS Clinton, Mo.	23c. DATE SIGNED 3/24/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 24, 1951	24c. NAME OF CEMETERY OR CREMATORY Shady Grove Cemetery	24d. LOCATION (City, town, or county) (State) Henry Co., Missouri
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DATE REC'D BY LOCAL REG. Mar-24-51	REGISTRAR'S SIGNATURE Florence Adams	25. FUNERAL DIRECTOR'S SIGNATURE Ludwig...	ADDRESS Clinton Mo.
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RECEIVED 4-2-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 4-2-51

RECEIVED

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 _____

Licensed Embalmer No. 4510

P. O. Address Clarks, 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.