S. No. 300
V. 10.48

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

FILED MAY 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11459

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vandalia
c. LENGTH OF STAY (In this place): 70 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cleveland St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vandalia 0041
d. STREET ADDRESS (If rural, give location): Cleveland St.

0041

3. NAME OF DECEASED (Type or Print)
a. (First): Albert b. (Middle): Mack c. (Last): Wilson

4. DATE OF DEATH (Month) May (Day) 1 (Year) 1951

5. SEX M

6. COLOR OR RACE negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH October 22, 1880

9. AGE (In years last birthday) 70 yrs. If under 1 year: Months 6 Days 9 If under 1 hr.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): miner

10b. KIND OF BUSINESS OR INDUSTRY: Hara.-Walker Refr.

11. BIRTHPLACE (State or foreign country): Ralls Co. Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Joseph Wilson

13b. MOTHER'S MAIDEN NAME: unknown

14. NAME OF HUSBAND OR WIFE: Effie 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. 497-07-1094

17. INFORMANT'S SIGNATURE OR NAME Effie Wilson, ADDRESS Vandalia 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: abs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerosis — 10 yrs.

DUE TO (c) Chronic Myocardial Insufficiency — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/23, 1942, *to* 4/30, 1951, *that I last saw the deceased alive on* 4/30, 1951, *and that death occurred at* 5:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE J M Dougherty (Degree or title) DO

23b. ADDRESS Vandalia, Mo

23c. DATE SIGNED 5/5/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE May 3, 1951

24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery

24d. LOCATION (City, town, or county) Vandalia (State) Mo

DATE REC'D BY LOCAL REG. May 5 1951

REGISTRAR'S SIGNATURE Mallie Fugate

25. FUNERAL DIRECTOR'S SIGNATURE N. D. Yates **ADDRESS** Vandalia Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: MAY 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-51-887
Date Filed: MAY 10 1951

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 Wm. B. Waters

Signed _____
Student Embalmer

Licensed Embalmer No. 4164

P. O. Address Vandalia M

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.