

FILED JUN 18 1951 STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, write RURAL and give township) De Soto
c. LENGTH OF STAY (in this place) yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION 720 N. 5th. ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY Jefferson
c. CITY (If outside corporate limits, write RURAL and give township) De Soto 1502
d. STREET ADDRESS (If rural, give location) 720 N. 5th. ST.

3. NAME OF DECEASED (Type or Print)
a. (First) William b. (Middle) MARION c. (Last) Wilson
4. DATE OF DEATH (Month) (Day) (Year) MAY 25-1951

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH July 27-1879 80 9. AGE (In years last birthday) 80

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY CONST. R.
11. BIRTHPLACE (State or foreign country) Jefferson Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John C Wilson
13b. MOTHER'S MAIDEN NAME FRANCES VAUGHN
14. NAME OF HUSBAND OR WIFE MINNIE HARTWEIN Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Calvin Wilson
ADDRESS De Soto, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the stomach
INTERVAL BETWEEN ONSET AND DEATH 6 months
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
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.

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION 151X
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) _____
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 March 12, 1951, to May 25, 1951, that I last saw the deceased alive on May 23, 1951, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.
23b. ADDRESS De Soto, Missouri
23c. DATE SIGNED 5-26-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 5-28-51
24c. NAME OF CEMETERY OR CREMATORY CITY
24d. LOCATION (City, town, or county) (State) De Soto Mo

DATE REC'D BY LOCAL REG. 6-7-51
REGISTRAR'S SIGNATURE Marie Farrier
25. FUNERAL DIRECTOR'S SIGNATURE See Mothershead
ADDRESS De Soto, Mo.

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 6-11-51

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 Andrew H England

Licensed Embalmer No. 47545

P. O. Address De Soto, 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.