

FILED JUL 2 - 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 20603

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>5590</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY: <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE: <u>Mo</u> b. COUNTY: <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>RURAL-Big River</u>		c. LENGTH OF STAY (In this place): <u>56 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>RURAL-Big River</u>		d. STREET ADDRESS (If rural, give location): <u>GRUBVILLE, Mo. 0500</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>GRUBVILLE, Mo</u>				d. STREET ADDRESS (If rural, give location): <u>GRUBVILLE, Mo. 0500</u>			
3. NAME OF DECEASED (Type or Print) a. (First): <u>William</u> b. (Middle): <u>Alexander</u> c. (Last): <u>Wilson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 8-1951</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>MARRIED</u>		8. DATE OF BIRTH <u>NOV. 7-1873</u>		9. AGE (In years last birthday): <u>77</u>		10. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired): <u>FARMER</u>	
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired): <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Gen'l FARMING</u>		11. BIRTHPLACE (State or foreign country): <u>Jefferson Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY: <u>U.S.A.</u>	
13a. FATHER'S NAME: <u>JAMES WILSON</u>		13b. MOTHER'S M maiden NAME: <u>MARGARET BROWN</u>		14. NAME OF HUSBAND OR WIFE: <u>ella Williams 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>James Wilson - Grubville, 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>Heart Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Arterio-Sclerotic Heart Disease</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>30 hrs</u> <u>36 hours</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
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 <u>June 4</u> , 1951, to <u>June 8</u> , 1951, that I last saw the deceased alive on <u>June 8</u> , 1951, and that death occurred at <u>5:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harold E. Donnell</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>P.O. Box 571, De Soto, Mo.</u>		23c. DATE SIGNED <u>6-11-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-11-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem</u>		24d. LOCATION (City, town, or county) (State) <u>GRUBVILLE, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-18-51</u>		REGISTRAR'S SIGNATURE <u>Kathleen Marada</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Lee Mathershead De Soto, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

REC'D FEB 27 1951

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 6-27-51

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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.

Student .....  
Student Embalmer

Signed Andrew H. England

Licensed Embalmer No. 47841

P. O. Address St. Louis, 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.