

FILED JUL 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22203**  
Registrar's No. **762**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>			c. LENGTH OF STAY (In this place) <b>14 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>DeKalb</b>			<b>0110</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1000 Dewey Avenue Parkview Nursing Home</b>				d. STREET ADDRESS (If rural, give location) <b>/</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Martha</b>		b. (Middle) <b>Ellen</b>		c. (Last) <b>Wilson</b>	
4. DATE OF DEATH (Month) (Day) (Year)		<b>July 16, 1951</b>					
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>August 22, 1867</b>		9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (State or foreign country) <b>DeKalb, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jasper Wilson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Garton</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Walter Wilson DeKalb, Missouri</b>			
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) <b>Cerebral Hemorrhage</b>		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) _____					
		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 <b>331x</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 <b>7/16/1951</b> , to <b>7/16/1951</b> , that I last saw the deceased alive on <b>7/16/1951</b> , and that death occurred at <b>8:10A m.</b> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <b>Edward J. [Signature]</b>				23b. ADDRESS <b>204 Logan Bldg., St. Joseph, Mo.</b>		23c. DATE SIGNED <b>7/16/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>7/18/1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Mora Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>		
DATE REC'D BY LOCAL REG. <b>July 21, 1951</b>		REGISTRAR'S SIGNATURE <b>Carl C. [Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Heaton-Bauman Funeral Home St. Joseph, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

17  
4

**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 William Spalding

Licensed Embalmer No. 4835

P. O. Address 395 10<sup>th</sup> St. Joseph

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.