

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24136

FILED AUG 10 1951

State File No. _____
Registrar's No. 228

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6035

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY OR TOWN <u>Doniphan Rural, Jordan twsp.</u>		c. CITY OR TOWN <u>Doniphan, Rural, Jordan twsp.</u>	
c. LENGTH OF STAY (In this place) <u>12 Days.</u>		d. STREET ADDRESS (If rural, give location) <u>17 Mi. N. of Doniphan, Missouri.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>17 Mi. N. of Doniphan, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Alfred</u> c. (Last) <u>Wilson.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 2, 1951.</u>
--	---

5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced.</u>	8. DATE OF BIRTH <u>Sept. 14, 1882.</u>	9. AGE (In years last birthday) <u>68.</u>	IF UNDER 1 YEAR Months <u>10.</u> Days <u>18.</u>	IF UNDER 24 HRS. Hours <u>---</u> Min. <u>---</u>
---------------------	--------------------------------	---	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil field worker.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Petroleum Indus.</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri, Cass, Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>unknown.</u>	13b. MOTHER'S MAIDEN NAME <u>unknown.</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie Laura 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>464-05-7154.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl E. Wilson, Doniphan, Mo.</u>	ADDRESS <u>Doniphan, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atrophic Cirrhosis of Liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intoxication.</u>		
	DUE TO (c) <u>Ascites of abdomen.</u>		
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 <u>5810</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 7-27-1951, to 8-2-, 1951, that I last saw the deceased alive on 7-27-1951, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Edgar Adamson, M.D.</u> (Degree or title)	23b. ADDRESS <u>Doniphan, Mo.</u>	23c. DATE SIGNED <u>8-4-51.</u>
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Aug. 5, 1951.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Ripley Co., Missouri.</u>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>8-5-51</u>	REGISTRAR'S SIGNATURE <u>E. O. Johnston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Messerl.</u>	ADDRESS <u>Doniphan, Mo.</u>
--	---	--	------------------------------

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

No. 300
10.48

AUG 8 1931

DISTRICT HEALTH OFFICE No. 2

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

Ray Means

Licensed Embalmer No. *3743*

P. O. Address *Doniphan, 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.