

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4224** Registrar's No. **60**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>HOLT</b> <b>0440</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>HOLT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>FOREST CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>FOREST CITY</b> <b>0440</b>	
c. LENGTH OF STAY (to this place) <b>12 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>NONE</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

<b>3. NAME OF DECEASED</b> a. (First) <b>MCCAUSLAND</b> (Type or Print)		b. (Middle)		c. (Last) <b>WILSON</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>AUGUST 23 1951</b>	
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<b>5. SEX</b> <b>MALE</b> <b>0</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>SINGLE</b> <b>(1)</b>	<b>8. DATE OF BIRTH</b> <b>MARCH 19, 1869</b>	<b>9. AGE</b> (to years last birthday) <b>82</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>PARMER</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>PRINCETON, IOWA /</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>JOHN B. WILSON</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>CHARLOTTE I.F. RANDOLPH</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>NONE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, No, or unknown) (If yes, give war or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY</b> <b>NONE</b> NO.	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>MRS. A. J. LYONS</b>	<b>ADDRESS</b> <b>FOREST CITY, MO.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Carcinoma of Lung 3 year</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) _____</b> <b>DUE TO (c) _____</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE) <b>163X</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from May 16, 1951, to Aug 23, 1951, that I last saw the deceased alive on Aug 20, 1951, and that death occurred at 7:00 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>F. E. Hogan M.D.</b>	<b>23b. ADDRESS</b> <b>Mound City, Mo.</b>	<b>23c. DATE SIGNED</b> <b>8-25-51</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b>	<b>24b. DATE</b> <b>AUG. 25, 1951</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>NEW LIBERTY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>MOUND CITY, MO.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>8/25/1951</b>	<b>REGISTRAR'S SIGNATURE</b> <b>B. J. Tracy '122</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>James H. Pettigrew</b>	<b>ADDRESS</b> <b>Oregon Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



**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 James H. Pittzahn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.