

FILED SEP 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27657**

BIRTH NO. _____		REG. DIST. NO. <b>209</b>		PRIMARY REG. DIST. NO. <b>3043</b>		Registrar's No. <b>274</b>				
1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		1644				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence 3520 Hamilton</b>				d. STREET ADDRESS (If rural, give location) <b>3520 Hamilton Avenue</b>						
3. NAME OF DECEASED (Type or Print) <b>Frances Alice Wilson</b>			a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <b>August 21, 1951</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>December 31, 1874</b>		
9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>21</b>		IF UNDER 1 YEAR Hours <b></b> Min. <b></b>		11. BIRTHPLACE (State or foreign country) <b>Ralls County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>XX</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>			13a. FATHER'S NAME <b>John J. Wilson.</b>			13b. MOTHER'S MAIDEN NAME <b>Mary E. Small</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>o None</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. W. H. Tiller</b>			ADDRESS <b>Hannibal Missouri</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atherosclerosis, Cerebral</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>		
				ANTECEDENT CAUSES Morbidity 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 <b>334X</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) (Min.)		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>July 1957</b> , to <b>8-21, 1957</b> , that I last saw the deceased alive on <b>July 1957</b> , and that death occurred at <b>6:40 Am.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>J. H. A. Deady, M.D.</b>				23b. ADDRESS <b>Hannibal Mo</b>		23c. DATE SIGNED <b>8-22-57</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Burial Aug. 27, 57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Barkley</b>		24d. LOCATION (City, town, or county) (State) <b>New London Missouri</b>				
DATE REC'D BY LOCAL REG. <b>8-24-57</b>		REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke</b>			FURNERAL DIRECTOR'S SIGNATURE <b>By W. C. Fisher</b>			ADDRESS <b>Hannibal Missouri</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

2644

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RECEIVED AUG 28 1951  
MARION CO. HEALTH DEPT.  
DATE FILED AUG 31 1951

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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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*John S. Ward*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.