

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30792

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 66

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>MCDONALD</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MCDONALD</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANAGAN</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ANDERSON.</u> <u>0600</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |

| | | | | |
|-------------------------------------|---------------|-------------|---------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
| | <u>ARCHIE</u> | <u>JOHN</u> | <u>WILSON</u> | <u>9-25-1951</u> |

| | | | | | | | | |
|-----------------|---------------------------|---|-----------------------------------|---|---------------------------------|--------------------------------|----------------|------|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u> | 8. DATE OF BIRTH <u>4-18-1892</u> | 9. AGE (In years last birthday) <u>59</u> | IF UNDER 1 YEAR Months <u>5</u> | IF UNDER 24 HRS. Days <u>7</u> | Hours <u>7</u> | Min. |
|-----------------|---------------------------|---|-----------------------------------|---|---------------------------------|--------------------------------|----------------|------|

| | | | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHEET METAL</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u> | 11. BIRTHPLACE (State or foreign country) <u>RILEY-IND. 1</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>GEORGE WILSON</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>MYRTLE WILSON</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WAR-1</u> | 16. SOCIAL SECURITY NO. <u>508-074942</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Wilson</u> | ADDRESS _____ |
|--|---|--|---------------|

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES | | |
| | Morbid 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. | | |

| | | |
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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 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) _____ | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | |
|---|----------------------------------|-----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>R. M. Humphrey, Coroner</u> | (Degree or title) <u>Coroner</u> | 23b. ADDRESS <u>Pineville, Mo</u> | 23c. DATE SIGNED <u>9-19-51</u> |
|---|----------------------------------|-----------------------------------|---------------------------------|

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|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>9-27-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ANDERSON CEM.</u> | 24d. LOCATION (City, town, or county) (State) <u>ANDERSON MO</u> |
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|---|---|--|-----------------------------|
| DATE REC'D BY LOCAL REG. <u>9-27-51</u> | REGISTRAR'S SIGNATURE <u>Maureen Humphrey</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R. M. Humphrey</u> | ADDRESS <u>Pineville Mo</u> |
|---|---|--|-----------------------------|

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield 1981 27 1900

RECEIVED | 1951
Dist. File 1037-1737

Date Filed 10-6-51

2871 E. 1016

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 Mayes E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Parisville, 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.