

FILE NO. 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 31132

BIRTH NO. _____		REG. DIST. NO. <u>292</u> PRIMARY REG. DIST. NO. <u>6001</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>RALL'S</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RALLS</u>	
b. CITY OR TOWN <u>RURAL Saline Township</u>		c. CITY OR TOWN <u>RURAL Saline Township</u> <u>0870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MONROE CITY A 2</u>		d. STREET ADDRESS (If rural, give location) <u>MONROE CITY R2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>SAMUEL</u> c. (Last) <u>WILSON.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER-1-1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married.</u>		8. DATE OF BIRTH <u>JANUARY 19-1864</u>	
9. AGE (In years last birthday) <u>87</u>		10. IF UNDER 1 YEAR: Months <u>8</u> Days <u>12</u> Hours <u>15</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>RALLS County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JACOB WILSON</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Rouse</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Wa Wilson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Adelbert Wilson</u> ADDRESS <u>Monroe City 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u> 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. <u>AURICULAR FIBRILLATION</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES ☐ NO ☒		21. DATE OF OPERATION _____	
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) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>SEPT 26, 1948</u> , to <u>Oct 1, 1951</u> , that I last saw the deceased alive on <u>SEPT 30, 1951</u> , and that death occurred at <u>10 PM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John H. Adams M.D.</u> (Degree or title)		23b. ADDRESS <u>Monroe City, Missouri</u>	
23c. DATE SIGNED <u>10/2/51</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>10-4-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JUDES Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Monroe City Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & SONS</u> ADDRESS <u>Monroe City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/2/51</u>		REGISTRAR'S SIGNATURE <u>Clyde W. Casey</u>	

(Licensed Emballer's Statement on Reverse Side)

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

105616 T AON

Date Received: OCT 11 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-57-1817
Date Filed: OCT 11 1951

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Memphis City 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.