

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36476

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1206

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u> | |
| c. LENGTH OF STAY (in this place) <u>71 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>2632 Locust Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2632 Locust St.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Wilson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11 22 1951</u> | | |
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| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>5 29 1880</u> | | 9. AGE (In years last birthday) <u>71 yrs.</u> | | 10. UNDER 1 YEAR Months _____ Days _____ | | 11. UNDER 4 HRS. Hours _____ Min. _____ | |
|----------------------|--|-------------------------------|--|--|--|-----------------------------------|--|--|--|--|--|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | | | 11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
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| 13a. FATHER'S NAME <u>James Parry</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Talbert</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Pearl Wilson</u> | | |
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| 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>488-22-8580</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lillian Parry 2207 Charles</u> | | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach with metastasis of Liver</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> | | <p>(b) <u>Unknown</u></p> | | | | | | <p><u>Unknown</u></p> | |
| | | <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> | | | | | | <p>_____</p> | |
| | | <p>_____</p> | | | | | | <p>_____</p> | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | | | 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 Oct. 3, 1951, to Nov. 22, 1951, that I last saw the deceased alive on Oct. 8, 1951, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

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|---|--|---|--|----------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Dr. H. H. Alexander</u> | | 23b. ADDRESS <u>Kirkpatrick Building St. Joseph, Missouri</u> | | 23c. DATE SIGNED <u>11-28-51</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11 27 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph - Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>Nov. 29, 1951</u> | | REGISTRAR'S SIGNATURE <u>Carl C. Casper</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. H. Alexander, 1602 Mesquite</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117

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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.