

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37062

State File No. ....

FILED DEC 14 1951

BIRTH NO. .... REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 4207 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Harrison</u> 0410		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Blythdale</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Blythdale</u> 0410	
c. LENGTH OF STAY (in this place) <u>70 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIS</u> b. (Middle) <u>ARLINGTON</u> c. (Last) <u>W. L. SON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 16, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec 5, 1866</u>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	
11. BIRTHPLACE (State or foreign country) <u>Clark Co. Iowa</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>John Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Harold</u>		14. NAME OF HUSBAND OR WIFE <u>Jubella Wilson (Dec)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wilson Lonett Blythdale, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Senility</u>		
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		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) <u>4200</u>	

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?	
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22. I hereby certify that I attended the deceased from Nov, 1941, to Nov 16, 1951, that I last saw the deceased alive on Nov 16, 1951, and that death occurred at 10:25 am., from the causes and on the date stated above.

23a. SIGNATURE <u>J.B. Byer D.O.</u> (Degree or title)		23b. ADDRESS <u>Blythdale Mo</u>		23c. DATE SIGNED <u>11-19-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 18, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Blythdale, Mo</u>	

DATE REC'D BY LOCAL REG. <u>Dec 3-1951</u>		REGISTRAR'S SIGNATURE <u>S. P. Shaw, Cairoville, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sealedw. Bonges Eagleville, Mo</u>	
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WRITE PLAINLY—USING UNFADEING 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 Gerald W. Boggs

Licensed Embalmer No. 4762

P. O. Address Eagleville, 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.