

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32070**

No. 300  
10:48  
FILED NOV 27 1951

BIRTH NO. **43579-51** REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **556**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>		c. LENGTH OF STAY (In this place) <b>2mo. 11da.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>206 W. Henry St.</b>		d. STREET ADDRESS (If rural, give location) <b>206 W. Henry St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Wayneta Rened</b> b. (Middle) <b>Wilson</b> c. (Last) <b>Wilson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 18 1951</b>
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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>Aug 6, 1951</b>	9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>11</b>	IF UNDER 24 HRS. Hours <b>-</b> Min. <b>-</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Clinton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>
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13a. FATHER'S NAME <b>Edward F. Wilson</b>	13b. MOTHER'S MAIDEN NAME <b>Beulah Elizabeth Grindstaff</b>	14. NAME OF HUSBAND OR WIFE <del>XXXXXXXXXXXX</del>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Edward F. Wilson</b> ADDRESS <b>Clinton, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PNEUMONIA</b>		
	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>5710</b>	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) (Min.)	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 18, to 19, that I last saw the deceased alive on 19 NOV., 1951, and that death occurred at 1:45p m., from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh B. Walker, MD</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Clinton, Mo.</b>	23c. DATE SIGNED <b>19 Nov. 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 19, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Clinton, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Nov-19-51</b>	REGISTRAR'S SIGNATURE <b>Florence Adams</b> <b>422</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Florence Adams</b> ADDRESS <b>Clinton, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 26 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed NOV 26 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *J. E. Williams Jr.*

Licensed Embalmer No. 4510

P. O. Address *Clinton, 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.