

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2334

State File No. ....

FILED JAN 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 11

1. PLACE OF DEATH  
a. COUNTY Polk

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Polk

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hemansville c. LENGTH OF STAY (in this place) 1 1/2 Months c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hemansville 0840

d. FULL NAME OF HOSPITAL OR INSTITUTION George Demmitt Hospital d. STREET ADDRESS (If rural, give location) 1 1/2 miles west of Pittsburg Mo

3. NAME OF DECEASED (Type or Print) a. (First) Hazel b. (Middle) Elma c. (Last) Wilson 4. DATE OF DEATH (Month) (Day) (Year) Jan 14 1952

5. SEX Female 6. COLOR OR RACE wh 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Feb 14 1907 9. AGE (Last years) (Months) (Days) (Hours) (Min.) 44 11 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Housework 11. BIRTHPLACE (State or foreign country) Oklahoma 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Albert Murdock 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Thomas L. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 510-05-9751 17. INFORMANT'S SIGNATURE OR NAME Thomas L. Wilson ADDRESS Pittsburg Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) mesenteric thrombosis MEDICAL CERTIFICATION

ANTECEDENT CAUSES DUE TO (b) Pulmonary Embolism DUE TO (c) Cerebral Embolism

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombus in Rt. Hospital artery

19a. DATE OF OPERATION 1/14/52 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 18. INTERVAL BETWEEN ONSET AND DEATH 4 days

20. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21a. 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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 332X

22. I hereby certify that I attended the deceased from 11/24, 1951, to 1/14, 1952, that I last saw the deceased alive on 1/14, 1952, and that death occurred at Liyap m., from the causes and on the date stated above.

23a. SIGNATURE R. Robinson (Degree or title) med 23b. ADDRESS Hemansville, Mo 23c. DATE SIGNED 1/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 1-17-52 24c. NAME OF CEMETERY OR CREMATOR Chapel Hill Memorial 24d. LOCATION (City, town, or county) (State) Kansas City Kansas

DATE REC'D BY LOCAL REG. Jan 17, 1952 REGISTRAR'S SIGNATURE Ralph Gardner 25. FUNERAL DIRECTOR'S SIGNATURE Ed Blue ADDRESS Bellevue Mo

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

840

FEB 26 1954

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Phyllis J. Ester*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4154*

P. O. Address. *Bolivar, Md*

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.