

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4421
Registrar's No. 52

FILED MAR 1 1952
BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

264 0

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

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u> <u>1920</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>		c. LENGTH OF STAY (In this place) <u>1 DAY</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>		R3 - Bay 508	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>Mo. Intermediate Reformatory</u>	
3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 27, 1952</u>	
a. (First) <u>WILLIAM</u>		b. (Middle) <u>WILSON</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>JAN. 30, 1886</u>	
9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>0</u> DAYS <u>27</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>EMPLOYEE INTERMEDIATE REFORMATORY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MACON, MO.</u>	
11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>SAMUAL WILSON</u>		13b. MOTHER'S MAIDEN NAME <u>FELIXINA POULLIAN</u>	
14. NAME OF HUSBAND OR WIFE <u>MARRIAN MURPHY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Graham Wilson</u>		ADDRESS <u>ST. LOUIS, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia, acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumococcus infection</u>		<u>1 week</u>	
DUE TO (c) <u>Neglected Upper respiratory infection</u>		<u>10 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity, Cirrhosis of Liver (Laennec)</u>		<u>5 yrs (?)</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490 X</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>SUICIDE</u>		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) 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 <u>Feb. 26, 1952</u> , to <u>Feb. 27, 1952</u> , that I last saw the deceased alive on <u>Feb. 26, 1952</u> , and that death occurred at <u>4:45 A.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Donald Shull M.D.</u>		23b. ADDRESS <u>229 1/2 E. High, Jefferson City, Mo.</u>	
23c. DATE SIGNED <u>Feb. 27, '52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>FEB. 28, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>BELLEFONTAINE</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 27-1952</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis M.D. - M.R.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester D. Dulle</u>		ADDRESS <u>J. C. MO.</u>	

APR 12 1952

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.....

Sylvester Drille

Licensed Embalmer No. 4321

P. O. Address Jefferson 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.