

No. 300  
10. 48

FILED MAR 3 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5502

502

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>De Soto</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>De Soto</b>	
c. LENGTH OF STAY (In this place) <b>Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>110 E. Second St.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>110 E. Second St.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Fred</b>	b. (Middle) <b>Harry</b>	c. (Last) <b>Wilson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 16, 1952</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 8, 1895</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months <b></b>	IF UNDER 1 HRS. Hours <b></b>	IF UNDER 15 MIN. Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tool Room Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad Shops</b>	11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>August Kruger</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Kyle</b>
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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>Yes World War 1</b>	16. SOCIAL SECURITY NO. <b>702-14-7199</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Margaret A. Wilson</b>	ADDRESS <b>DeSoto, 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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>acute Rheumatism &amp; Bronchitis</b>		
	DUE TO (b)  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 <b>470X</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) m.	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 2-12, 1952, to 2-16, 1952, that I last saw the deceased alive on 2-16, 1952, and that death occurred at 3:45 pm., from the causes and on the date stated above.

23a. SIGNATURE <b>Thas B Jallet MD</b>	(Degree or title)	23b. ADDRESS <b>De Soto Mo</b>	23c. DATE SIGNED <b>2/16/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/19/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	24d. LOCATION (City, town, or county) (State) <b>DeSoto Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-21-52</b>	REGISTRAR'S SIGNATURE <b>Marie Harner</b>	146-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>J Lee Mathershead</b>	ADDRESS <b>DeSoto, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

7987 6 1 1144

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

FEB 25 REC'D

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 Andrew H England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.