

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5785

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dixon, Rural, Richwoods	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dixon, Rural, Richwoods	0664
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Missannah	b. (Middle) Sophia	c. (Last) Wilson	(Month) Jan.	(Day) 22,	(Year) 1952

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓	8. DATE OF BIRTH March 2, 1864	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 10	IF UNDER 1 YEAR Days 20	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William C. Pippin	13b. MOTHER'S MAIDEN NAME Nancy Jane Tilly	14. NAME OF HUSBAND OR WIFE Robert Edward Wilson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Robert Wilson	ADDRESS Dixon, Mo. R.R. 3
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Chronic myocarditis 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 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 June, 1948, to Jan, 1952, that I last saw the deceased alive on Jan. 21, 1952, and that death occurred at 4:30am., from the causes and on the date stated above.

23a. SIGNATURE M. A. Gould ✓	(Degree or title) D.O.	23b. ADDRESS Iberia, Mo.	23c. DATE SIGNED 1/24/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/24/52	24c. NAME OF CEMETERY OR CREMATORY Bradford Cemetery	24d. LOCATION (City, town, or county) (State) Waynesville, Rural Mo.
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DATE REC'D BY LOCAL REG. Jan-26-52	REGISTRAR'S SIGNATURE Jessie Perkins 195	25. FUNERAL DIRECTOR'S SIGNATURE Wedges Funeral Home Here, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

100510

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 Walter P. Nages

Licensed Embalmer No. 7265

P. O. Address Iberia, 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.