

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6102

State File No.

MAR 11 1952

BIRTH NO. _____ REG. DIST. NO. 293 PRIMARY REG. DIST. NO. 4441 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clifton Hill</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clifton Hill</u>	
c. LENGTH OF STAY (in this place) <u>13 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural--Salt Spring Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural--Salt Spring Twp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucille</u>	b. (Middle) <u>Katherine</u>	c. (Last) <u>Wilson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 2, 1952</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 21, 1909</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Randolph Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Henry Altgilbers</u>	13b. MOTHER'S MAIDEN NAME <u>Linda Hardister</u>	14. NAME OF HUSBAND OR WIFE <u>Lawrence E. Wilson</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lawrence E. Wilson; Clifton Hill, Mo.</u>
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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 <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of Sigmoid</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>153X</u>	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)	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 May, 1949, to March 2, 1952, that I last saw the deceased alive on March 2, 1952, and that death occurred at 4:10 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. Noel Rain</u> D.O.	23b. ADDRESS <u>Clifton Hill, Missouri</u>	23c. DATE SIGNED <u>3-4-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-5-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clifton Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clifton Hill, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar 8-52</u>	REGISTRAR'S SIGNATURE <u>Ms. L. A. Barnhart</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tom B Patton Hunterville</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.