

STANDARD CERTIFICATE OF DEATH

State File No.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

98

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>407 E. 6th St.</u>		d. STREET ADDRESS (If rural, give location) <u>414 East 7th St.</u>	
3. NAME OF DECEASED (Type or Print) <u>FLORENCE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 19, 1952</u>	
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Dec. 8, 1896</u>	
9. AGE (In years last birthday) <u>55</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Musician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Music</u>	
11. BIRTHPLACE (State or foreign country) <u>Sedalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Chas. W. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Stella L. McCabe</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		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>?</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Max. Bailey</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. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular Fibrillation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Presenile Dementia.</u>		19. INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE (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) 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>3-9-</u> , 19 <u>52</u> , to <u>3-19-</u> , 1952, that I last saw the deceased alive on <u>3-18-</u> , 1952, and that death occurred at <u>1100am.</u> , from the causes and on the date stated above.	
23. SIGNATURE (Degree or title) <u>J. M. Rodeman, M.D.</u>		23b. ADDRESS <u>219 1/2 S. Ohio, Sedalia, Mo</u>	
23c. DATE SIGNED <u>3-19-52</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Mar. 19, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kansas City, Kansas</u>	
24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
25. DATE REC'D BY LOCAL REG. <u>3/19/1952</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>[Address]</u>	

(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME

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

APR 1 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

Russell C Maag

Licensed Embalmer No. *4180 HT*

P. O. Address *Idalia*

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.