No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11972

FILED APR 24 1952

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: BATES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICH HILL.
c. LENGTH OF STAY (In this place): 00/0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 506 E. WALNUT ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BATES.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICH HILL.
d. STREET ADDRESS (If rural, give location): 506 E. WALNUT ST.

3. NAME OF DECEASED (Type or Print): a. (First) RUTH b. (Middle) FRANCES c. (Last) WILSON.
4. DATE OF DEATH (Month) (Day) (Year): APRIL-19-1952.
5. SEX: FEMALE
6. COLOR OR RACE: WHITE.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: APRIL-1-1878
9. AGE (In years last birthday): 74 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE.
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME.
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: R.T. MATHEWS.
13b. MOTHER'S MAIDEN NAME: SARAH HUGHS.
14. NAME OF HUSBAND OR WIFE: THOMAS WILSON-DECEASED.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Leon Mathews ADDRESS: RICH HILL, MO.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH [illegible]

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) [illegible]

DUE TO (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [redacted]
19b. MAJOR FINDINGS OF OPERATION: 443X
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible] *19*[illegible], *to* [illegible] *19*[illegible], *19*[illegible], *that I last saw the deceased alive on* [illegible] *19*, *19*[illegible], *and that death occurred at* 9:30 [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): MD 23b. ADDRESS: Rich Hill Mo 23c. DATE SIGNED: Apr 21 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 24b. DATE: APRIL-21-1952. 24c. NAME OF CEMETERY OR CREMATORY: BEVIER CEMETERY 24d. LOCATION (City, town, or county) (State): BEVIER, MISSOURI

DATE REC'D BY LOCAL REG.: 4-21-1952. REGISTRAR'S SIGNATURE: Mrs. Edna Douglas 25. FUNERAL DIRECTOR'S SIGNATURE: Booth Funeral Home ADDRESS: Rich Hill Mo.

(License Embalmer's Statement on Reverse Side)

OCT 1 0 1962

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.