

No. 300
FILED JUN 2 1952
10:48 5-30-52

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15972
Registrar's No. 45

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) Greenfield		c. CITY (If outside corporate limits, write RURAL and give township) Greenfield	
c. LENGTH OF STAY (In this place) 12 years		d. STREET ADDRESS (If rural, give location) 117 North Main Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 117 North Main Street			

3. NAME OF DECEASED (Type or Print)	a. (First) Arthur	b. (Middle) Henry	c. (Last) Wilson	4. DATE OF DEATH (Month) (Day) (Year) May 28, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 17, 1885	9. AGE (In years last birthday) 66	10. MONTH 5	11. DAY 11	12. UNDER 1 MRS. Hours Min. - -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Merchant	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Ozark, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Alfred Wilson	13b. MOTHER'S MAIDEN NAME Jane Russell	14. NAME OF HUSBAND OR WIFE Maude Wilson
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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) Yes WWI; Apr 22-Dec 14, 1918	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Wilson	ADDRESS 117 N. Main St. Greenfield, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) nephritis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Creeping Jaundice		
	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 3560	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) (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 **5-9-52**, to **5-28-52**, that I last saw the deceased alive on **5-28-52**, and that death occurred at **6:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. C. Canada (Degree or title)	23b. ADDRESS Greenfield, Missouri	23c. DATE SIGNED 5-30-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 30, 1952	24c. NAME OF CEMETERY OR CREMATORY Greenfield Cemetery	24d. LOCATION (City, town, or county) (State) Greenfield, Missouri
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DATE REC'D BY LOCAL REG. 5-30-52	REGISTRAR'S SIGNATURE Geo. L. Weir by J. C. Canada	25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada	ADDRESS Greenfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

290

1911

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

J. C. Canada

Signed.....
Student Embalmer

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, 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.