

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **17559**

FILED MAY 27 1952

BIRTH NO.		REG. DIST. NO. <b>291</b>		PRIMARY REG. DIST. NO. <b>4433</b>		Registrar's No. <b>29</b>	
1. PLACE OF DEATH a. COUNTY <b>PUTNAM</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PUTNAM</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>UNIONVILLE</b>		c. LENGTH OF STAY (In this place) <b>79 DAYS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>UNIONVILLE</b>		<b>1860</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MONROE HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>8</b>			
3. NAME OF DECEASED (Type or Print) <b>DORA</b>		a. (First) <b>ALICE</b>		b. (Middle) <b>WILSON</b>		c. (Last) <b>WILSON</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 17 1952</b>		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>NOV. 30 1880</b>		9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>17</b>		IF UNDER 1 HR. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>PUTNAM COUNTY MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIAM H STOUT</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA DE MOSS</b>		14. NAME OF HUSBAND OR WIFE <b>CHARLES D WILSON</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS JOE R DAVIS UNIONVILLE MISSOURI</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Lympho sarcoma of spleen</b> 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>2001</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 <b>Nov.</b> , 1951, to <b>5-17</b> , 1952, that I last saw the deceased alive on <b>May 17</b> , 1952, and that death occurred at <b>4:00 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>L. W. M. Donald</b> (Degree or title)				23b. ADDRESS <b>Unionville, Mo.</b>		23c. DATE SIGNED <b>5-22-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 19 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>UNIONVILLE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>UNIONVILLE, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>5-24-52</b>		REGISTRAR'S SIGNATURE <b>Marvell Durbin</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>GOYSTOCK FUNERAL HOME</b>		ADDRESS <b>UNIONVILLE, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

0860

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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 James W. Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.