

5. No. 300  
10. 48

FILED JUN 25 1952

# STANDARD CERTIFICATE OF DEATH

State File No. **21306**  
Registrar's No. **19**

BIRTH NO. _____		REG. DIST. NO. <b>241</b>		PRIMARY REG. DIST. NO. <b>5829</b>		Registrar's No. <b>19</b>	
1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jay Wye Mo</b>		c. LENGTH OF STAY (In this place) <b>8MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jay Wye Mo</b>		<b>8720</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <b>8</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ethel</b> b. (Middle) <b>Marie</b> c. (Last) <b>Wilson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5 24 1952</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>Oct 24 1913</b>		9. AGE (In years last birthday) <b>38</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>5</b>	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Parm Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Labor</b>		11. BIRTHPLACE (State or foreign country) <b>Ind</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Aters</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>W.M. Wilson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Louise Bohanon</b> ADDRESS <b>Jay Wye Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach</b> 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) _____ 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 <b>151X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>March, 1952</b> , to <b>May 24, 1952</b> that I last saw the deceased alive on _____, 19____, and that death occurred at <b>8 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H.T. O'Kelly M.D.</b> (Degree or title)				23b. ADDRESS <b>110 W 5th, Portageville, Mo</b>		23c. DATE SIGNED <b>6/10/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/26/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Morley Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Morley, Mo</b>		
DATE REC'D BY LOCAL REG. <b>6/16/52</b>		REGISTRAR'S SIGNATURE <b>Ellen De Lisle</b>		GENERAL DIRECTOR'S SIGNATURE <b>H. H. Jones</b>		ADDRESS <b>Director's Office</b>	

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

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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 \_\_\_\_\_

working under my personal supervision.

Student embalmer No.....

Signed

*John A. Miller*

Signed.....  
Student Embalmer:

Licensed Embalmer No. 2941

P. O. Address Director

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.