

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 795

0117
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Joseph		c. LENGTH OF STAY (in this place) 6 1/2 months		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 732 S. 11th St. Wetzel Nursing Home		d. STREET ADDRESS (If rural, give location) 821 N. 2nd St.			

3. NAME OF DECEASED (Type or Print) a. (First) Minnie		b. (Middle) V.		c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) July 23, 1952	
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5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH October 2, 1870		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 4 WKS. 81 Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Clarkson A. Foote		13b. MOTHER'S MAIDEN NAME Videlia Roberts		14. NAME OF HUSBAND OR WIFE A. R. 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) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Joseph Bucher, 307 N. 15, St. Joseph, Mo.	
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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) Brucellosis chronic				INTERVAL BETWEEN ONSET AND DEATH 5 years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infection from Brucella					
		DUE TO (c) Old Age					
		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 0440.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 4/10, 1948, to 7/23, 1952, that I last saw the deceased alive on 7/21, 1952, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph Bucher		(Degree or title) M.D.		23b. ADDRESS 423 Main, City		23c. DATE SIGNED 7/23/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/25/1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Moria Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
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DATE REC'D BY LOCAL REG. July 31, 1952		REGISTRAR'S SIGNATURE Carl C. Caskey		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Bowman Funeral Home	
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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 *William Spalding* _____

Licensed Embalmer No. *4535* _____

P. O. Address *3195 11th St. S. S. 9th St. S.* _____

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.