

FILED AUG 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24279**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton MO 0470	
c. LENGTH OF STAY (in this place) 22 years		d. STREET ADDRESS (If rural, give location) 210 1/2 South Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION 210 1/2 South Washington		e. STREET ADDRESS (If rural, give location) 210 1/2 South Washington	

3. NAME OF DECEASED (Type or Print) (First) JACOB (Middle) R (Last) WILSON			4. DATE OF DEATH (Month) (Day) (Year) AUG 2 1952		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 1/20/1898		9. AGE (In years, last birthday) 64		IF UNDER 1 YEAR: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work manufacturing most of working life, even if retired) Black Smith		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Rundy Co MO	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME CHAS WILSON		13b. MOTHER'S MAIDEN NAME REBECCA		14. NAME OF HUSBAND OR WIFE BLANCH WILSON	
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. 490-059318		17. INFORMANT'S SIGNATURE OR NAME Maetta A Rogers Hugoton Kan	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH INSTANT
ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		
DUE TO (b) MYOCARDIAL INFARCT		2 YR.
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE NO		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 **1950**, to **AUG.**, 19**52**, that I last saw the deceased alive on **Feb.**, 19**52**, and that death occurred at **8 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh B Walker, MD coroner		23b. ADDRESS Clinton, MO		23c. DATE SIGNED 2 Aug. 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE 8/6/1952		24c. NAME OF CEMETERY OR CREMATORY Stevens Cem.	
24d. LOCATION (City, town, or county) (State) Stevens Co Kansas					

DATE REC'D BY LOCAL REG. Aug 7 1952		REGISTRAR'S SIGNATURE Florence Adair		FEDERAL DIRECTOR'S SIGNATURE J E Connelley	
		ADDRESS Clinton MO			

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

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OCT 9 1952

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

J. E. Conzelmann

Licensed Embalmer No. *1891*

P. O. Address *Clinton, 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.