

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24914

State File No. _____

1952 JUL 28 1952

BIRTH. NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Holden		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden, 0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION 408 6th St.,		d. STREET ADDRESS (If rural, give location) 408 6th Street	

3. NAME OF DECEASED (Type or Print) a. (First) Carrie	b. (Middle) L.	c. (Last) Wilson	4. DATE OF DEATH (Month) (Day) (Year) July 15, 1952
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5. SEX female	6. COLOR OR RACE colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Oct 19, 1893	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Day 26	IF UNDER 1 YEAR Hours - Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housemaid	10b. KIND OF BUSINESS OR INDUSTRY maid	11. BIRTHPLACE (State or foreign country) Warrensburg, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Jess Wilson	13b. MOTHER'S MAIDEN NAME Susie Anna Wells	14. NAME OF HUSBAND OR WIFE single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) XXXX	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Regetta Nevins, Holden, Missouri	ADDRESS
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18. CAUSE OF DEATH Enter 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sudden Death		10 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Without Qualification DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7952			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXX	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) XXXX
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) XXXX m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? XXXX
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22. I hereby certify that I attended the deceased from no physician, on attendance, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Mrs. James Redford (Degree or title) Local Registrar	23b. ADDRESS Holden, Missouri	23c. DATE SIGNED 7/16/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 18 '52	24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	24d. LOCATION (City, town, or county) (State) Holden, Missouri
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DATE REC'D BY LOCAL REG. 7/16/52	REGISTRAR'S SIGNATURE Mrs. James Redford	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canaday & Ropp, Holden, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 25 1952
JOHNSON COUNTY HEALTH DEPT

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.....

M. L. Canada

Signed.....
Student Embalmer.

Licensed Embalmer No. *3434*

P. O. Address *Holden, 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.