

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26905**

**FILED** AUG 13 1952

Registrar's No. **36**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **4508**

1. PLACE OF DEATH a. COUNTY <b>Stone 1040</b>		2. USUAL RESIDENCE (Where deceased lived. If last known residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Galena</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Galena 1040</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Cathren</b> b. (Middle) <b>M</b> c. (Last) <b>Wilson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 4-52</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>wid 2</b>	8. DATE OF BIRTH <b>Oct 13-1869</b>	9. AGE (In years) <b>83</b>	IF UNDER 18 MONTHS DAYS HOURS MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Handl Wrlfl</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Cap. Fair Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S</b>

13a. FATHER'S NAME <b>William Stone</b>	13b. MOTHER'S MAIDEN NAME <b>Ermine Jones DeBraz</b>	14. NAME OF HUSBAND OR WIFE <b>Wilson</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Winnie Taylor</b> ADDRESS <b>Galena</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Essential hypertension</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>4201</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) <b>Galena Stone Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **1944**, to **Aug 4**, 1952, that I last saw the deceased alive on **July 28**, 1952, and that death occurred at **8 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Jaymyr Will</b> (Degree or title)	23b. ADDRESS <b>Galena, Mo.</b>	23c. DATE SIGNED <b>Aug 5 1952</b>
---	---------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug 6-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Galena</b>	24d. LOCATION (City, town, or county) (State) <b>Galena Missouri</b>
DATE REC'D BY LOCAL REG. <b>aug 6-52</b>	REGISTRAR'S SIGNATURE <b>Mrs. J. Elmer Brossseau</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Emmett L. Cheatham</b> ADDRESS <b>Galena Mo</b>	

*per Lena Murray*

(Licensed Embalmer's Statement on Reverse Side)

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

**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.

Signed Elliott J. Cheatham

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3870

P. O. Address Malena ms

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.