

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30594

State File No. ....

FILED SEP 2- 1952

BIRTH NO. ....		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4560</u>		Registrar's No. <u>29</u>			
1. PLACE OF DEATH a. COUNTY <u>Worth</u> <u>1139</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> <u>1139</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheridan</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheridan</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Oscar</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 18, 1952</u>						
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 15, 1875</u>			
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm owner</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>									
13a. FATHER'S NAME <u>William A. Wilson</u>				13b. MOTHER'S MAIDEN NAME <u>Harriet (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Wilson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wilma Caldwell Sheridan, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fibrinous Meningitis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced Age</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION  <u>525X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  <u>525X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  <u>Aug 17, 1952</u>		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 <u>Mar 12, 1952, to Aug 18, 1952</u> , that I last saw the deceased alive on <u>Aug 17, 1952</u> , and that death occurred at <u>7:11 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E. P. Nesbitt</u> <u>0</u>				23b. ADDRESS <u>Sheridan Mo.</u>		23c. DATE SIGNED <u>Aug 18, 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 20, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Inteston Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nodaway county, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Aug 24 1952</u>		REGISTRAR'S SIGNATURE <u>Letta E. Dawson</u> <u>3450</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arch C. Dunfee</u> <u>Leont City, Mo.</u>					

(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. 445

working under my personal supervision.

Student Bill Dunfee  
Student Embalmer

Signed Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Sioux City, 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.