

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30948

FILED SEP 22 1952

5161 State File No. 15

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5159 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Calli 18910</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural, Cedar Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Saline Township</u>	
c. LENGTH OF STAY (in this place) <u>9 months</u>		d. STREET ADDRESS (If rural, give location) <u>Monroe City, Mo RFD 2</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>New Bloomfield Mo RFD</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>B.</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19, 1952</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). <u>Widowed 2</u>		8. DATE OF BIRTH <u>May 20, 1865</u>		9. AGE (In years last birthday) <u>87</u>		10. UNDER 1 YEAR: Months <u>3</u> Days <u>19</u>		11. UNDER 24 HRS. Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>sun home</u>				11. BIRTHPLACE (State or foreign country) <u>Edin Grove West Virginia</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
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13a. FATHER'S NAME <u>Vincent Brown</u>				13b. MOTHER'S MAIDEN NAME <u>addie Thomas</u>				14. NAME OF HUSBAND OR WIFE <u>Thomas A. Nelson</u>			
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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) <u>No</u>				16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>				17. INFORMANT'S SIGNATURE OR NAME <u>Dean Nelson Jefferson City, Mo</u>				ADDRESS			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocarditis</u>										INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis</u>											

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)		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) (Min.)				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 May 9, 1952 to Sept 19, 1952 that I last saw the deceased alive on May 9, 1952, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. [Redacted] M.D.</u> (Degree or title)				23b. ADDRESS <u>New Bloomfield Mo</u>				23c. DATE SIGNED <u>9/14 52</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>9/14</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Jades Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Monroe City, Mo</u>			
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DATE REC'D BY LOCAL REG. <u>Sept 19-52</u>		REGISTRAR'S SIGNATURE <u>[Redacted]</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson & Sons Monroe City, Mo</u>				ADDRESS			
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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 Leslie L. Nelson

Licensed Embalmer No. 3014

P. O. Address Yellowknife City, Yukon

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.