

0904

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35894

State File No.

NOV 5 1952

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 328

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 620 West Jefferson		d. STREET ADDRESS (If rural, give location) 620 West Jefferson	

3. NAME OF DECEASED (Type or Print) Jackie Dean Wilson		4. DATE OF DEATH (Month) (Day) (Year) Oct 4, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 1, 1951
9. AGE (In years last birthday) 1		10. IF UNDER 1 YEAR (Months) 3	
11. BIRTHPLACE (State or foreign country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Charles G. Wilson	13b. MOTHER'S MAIDEN NAME Sarah Cochran	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Charles G. Wilson, Sedalia, Mo.

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary anemia</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from as per to as per, 1952, that I last saw the deceased alive on 10-20-52, and that death occurred at 11:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. Gordon Seiffert</u>	23b. ADDRESS <u>Conner & Peck Co</u>	23c. DATE SIGNED <u>10-20-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 6, 1952	24c. NAME OF CEMETERY OR CREMATORY Crown Hill
24d. LOCATION (City, town, or county) Sedalia, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. C. Seiffert</u>
24f. ADDRESS Sedalia, Mo.		24g. DATE REC'D BY LOCAL REG. 10/20/52

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.

Student
Student Embalmer

Signed.....

R. E. Baker

Licensed Embalmer No.

2419

P. O. Address

Sedalia

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.