

WILSON
State File No. 44228
STANDARD CERTIFICATE OF DEATH

Wilson

State File No. 44228

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6128 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence	
c. LENGTH OF STAY (In this place) 9 years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Earl c. (Last) Stewart			4. DATE OF DEATH (Month) (Day) (Year) Dec 1-1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 6-1889	9. AGE (In years last birthday) 63	10. F UNDER 1 YEAR Months 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Pulaski Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James E Stewart		13b. MOTHER'S MAIDEN NAME Julis Ann Hazen		14. NAME OF HUSBAND OR WIFE Ruth Prudence Stewart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Joe Stewart	
				ADDRESS Eminence, Mo.	

19. 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		INTERVAL BETWEEN ONSET AND DEATH Sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Hemorrhage		
	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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION : 331X		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 (Month) (Day) (Year) (Hour) OF INJURY		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:30p m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. F. Wilson		(Degree or title)		23b. ADDRESS Colonel Shannon		23c. DATE SIGNED 12-8-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec 8-1952		24c. NAME OF CEMETERY OR CREMATORY Summersville		24d. LOCATION (City, town, or county) (State) Summersville, Mo.	

DATE REC'D BY LOCAL REG. 12/15/52		REGISTRAR'S SIGNATURE Mabel Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Duncan funeral Home		ADDRESS Mtn View, MO	
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(Licensed Embalmer's Statement on Reverse Side)

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

1016

FILED DEC 16 1952

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

Joe P. Duncan

Licensed Embalmer No. 48257

P. O. Address St. Louis 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.