

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 47

FILED FEB 4 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 47

2013  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u>	
b. CITY OR TOWN <u>KIRKSVILLE</u>		c. CITY OR TOWN <u>UNIONVILLE</u>	
c. LENGTH OF STAY (in this place) <u>13 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KIRKSVILLE OSTEOPATHY HOSPITAL</u>			
3. NAME OF DECEASED a. (First) <u>VIRGINIA</u> b. (Middle) <u>HAZEL</u> c. (Last) <u>WILSON</u>			4. DATE OF DEATH <u>JAN. 31 1953</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 4 1918</u>
9. AGE (In years last birthday) <u>34</u>		10. MONTHS <u>4</u>	11. DAYS <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESLADY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETAIL DRUG STORE</u>	11. BIRTHPLACE (State or foreign country) <u>PUTNAM COUNTY MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>LOREN RENNELLS</u>	
13b. MOTHER'S MAIDEN NAME <u>ICA HILL</u>		14. NAME OF HUSBAND OR WIFE <u>ROBERT K WILSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-28-1690</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT K WILSON</u> ADDRESS <u>UNIONVILLE, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Subarachnoid hemorrhage</u> DUE TO (c) <u>Essential Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>330-X</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 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>Jan 18, 1953</u> , to <u>Jan 31, 1953</u> , that I last saw the deceased alive on <u>Jan 31, 1953</u> , and that death occurred at <u>3:50 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. T. Gutenschn</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Kirksville Mo</u>	
23c. DATE SIGNED <u>1-31-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 3 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>UNIONVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>UNIONVILLE; MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>1-31-53</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u> <u>1-0</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Comstock</u>		ADDRESS <u>UNIONVILLE, MO.</u>	

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 James W. Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, Me

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.