

FILED MAR 16 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9087**

BIRTH NO. _____		REG. DIST. NO. <b>53</b>		PRIMARY REG. DIST. NO. <b>3010</b>		Registrar's No. <b>77</b>	
1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir.</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cape Girardeau</b>		c. LENGTH OF STAY (In this place) <b>17 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>312 Independence</b>		<b>0164</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>South East Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Cape Girardeau Mo.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Beulah</b>			b. (Middle) _____		c. (Last) <b>Wilson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 11 1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 13 1901</b>		9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>26</b>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Anna Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Samuel Morse</b>		13b. MOTHER'S MAIDEN NAME <b>Molly Miller</b>		14. NAME OF HUSBAND OR WIFE <b>Hugh Wilson (Dead)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>44-0</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Harry Carter Cape Gir Mo.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic carcinoma (lungs)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of uterus</b> 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 <b>1 mo. 2 yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>174X</b>				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) (Min.)		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 <b>2-23</b> , 19 <b>53</b> , to <b>3-9</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>3-9</b> , 19 <b>53</b> , and that death occurred at <b>12:25 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Charles F. Wilson M.D.</b>				23b. ADDRESS <b>714 Broadway Cape Girardeau Mo.</b>		23c. DATE SIGNED <b>3-13-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar 11 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lorimier</b>		24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo.</b>		
DATE REC'D BY LOCAL REG. <b>3-13-53</b>		REGISTRAR'S SIGNATURE <b>W. C. Summer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Joe &amp; Howell Cape Gir Mo</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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APR 2 1947

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

*W. H. Estes*

Licensed Embalmer No. *35768*

P. O. Address *Cape Girardeau*

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.