

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9677**

FILED APR 8 1953

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 68

4.8-57
MO 504 0470

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

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY Iron | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Graniteville Iron | | c. LENGTH OF STAY (in this place) 4 years | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Graniteville | |
| | | d. STREET ADDRESS (If rural, give location) 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Elzada b. (Middle) Ann c. (Last) Wilson | | | 4. DATE OF DEATH (Month) (Day) (Year) April 3, 1953 |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2 | 8. DATE OF BIRTH Jan. 7, 1875 |
| 9. AGE (In years) (If under 1 year last birthday) 78 | | 10. MONTHS 2 | 11. DAYS 26 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (City and State or Foreign Country) Monterey, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Henry Shrum | |
| 13b. MOTHER'S MAIDEN NAME Jane Rowe | | 14. NAME OF HUSBAND OR WIFE Jacob Alfred Wilson | |
| 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 Donald E. Wilson, St. Louis, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis 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 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 <u>April 2, 1953</u> , to <u>April 3, 1953</u> , that I last saw the deceased alive on <u>April 2, 1953</u> , and that death occurred at <u>12:05 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE J. H. McCutcheon (Degree or title) | | 23b. ADDRESS Greentown Park | |
| 23c. DATE SIGNED April 4, 1953 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 4-5-53 | |
| 24c. NAME OF CEMETERY OR CREMATORY Chapman cemetery | | 24d. LOCATION (City, town, or county) (State) Monterey, Missouri | |
| DATE REC'D BY LOCAL REG. April 7-1953 | | REGISTRAR'S SIGNATURE Mrs. Elizabeth Logan 129-0 | |
| 25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home | | ADDRESS Ironton, Mo. | |

APR 8 1953

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 Lyle H. White
Licensed Embalmer No. 4295

P. O. Address Ironton, 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.