

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16732

No. 300  
10. 48

FILED APR 20 1953

State File No. ....

BIRTH NO. .... REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 4475 Registrar's No. 1854

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malta Bend</b>		c. LENGTH OF STAY (in this place) <b>43 years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Streets not numbered</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malta Bend</b>	
		f. STREET ADDRESS (If rural, give location) <b>Streets not numbered</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lottie</b> b. (Middle) <b>Hall</b> c. (Last) <b>Wilson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 11, 1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 16, 1881</b>	9. AGE (in years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>25</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Saline County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>William H. Hall</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Shull</b>		14. NAME OF HUSBAND OR WIFE <b>Carl R. Wilson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Carl R. Wilson</b> ADDRESS <b>Malta Bend, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cardio vascular renal disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				plus
		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 <b>442X</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)		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 1947, 1947, to April 11, 1953, that I last saw the deceased alive on April 11, 1953, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Jordan Spelling M.D.</b> (Degree or title)		23b. ADDRESS <b>Waverly, Mo.</b>		23c. DATE SIGNED <b>4/15/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr. 13, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Malta Bend Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Malta Bend, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>4-13-1953</b>		REGISTRAR'S SIGNATURE <b>Ladway T. Gray 385</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Campbell Lewis</b> ADDRESS <b>Marshall, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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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. W. Campbell Jr.*

Licensed Embalmer No. *3469*

P. O. Address *Marshall, 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.