

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **17638**

MAY 18 1953

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry	c. LENGTH OF STAY (in this place) 7 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Guilford Rural Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Harmony Hill Rest Haven		d. STREET ADDRESS (If rural, give location) South east 2 miles 0740	

3. NAME OF DECEASED (Type or Print) a. (First) Mr. James b. (Middle) Anthony c. (Last) Wilson	4. DATE OF DEATH (Month) (Day) (Year) May 10. 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH Oct. 12 1863	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 10 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Nodaway	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME James B. Wilson	13b. MOTHER'S MAIDEN NAME Roseana Graves	14. NAME OF HUSBAND OR WIFE Alda Pearson deceased
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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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Charles Wilson Guilford, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident		Minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c)		26 HRS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Hip		Months	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X F	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1-12, 1953, to 5-10, 1953, that I last saw the deceased alive on 5-3, 1953, and that death occurred at 5.30a., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles L. Carter, M.D.	23b. ADDRESS Stanberry, Mo.	23c. DATE SIGNED 5-11-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/12/53	24c. NAME OF CEMETERY OR CREMATORY Graves Cemetery	24d. LOCATION (City, town, or county) (State) Guilford, Mo.
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DATE REC'D BY LOCAL REG. May 13-53	REGISTRAR'S SIGNATURE Maudie Williams	462	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Atty G. Phillip Stanberry
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(Licensed Embalmer's Statement on Reverse Side)

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

1760

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 _____

Leroy F. Phillips

Licensed Embalmer No. 1898

P. O. Address. Stoubergy, N.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.