

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18629

JUN 10 1953

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>5675</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - HERRICANE</u>		c. LENGTH OF STAY (in this place) <u>77 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - HERRICANE Township</u>		0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Mile South of Eolia, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>5 Miles South of Eolia, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>(NMI)</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 18, 1875</u>	9. AGE (in years last birthday) <u>77</u>	# UNDER 1 YEAR Months	# UNDER 24 HRS. Days	# UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lincoln County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Senora McIntosh</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Mitchell Wilson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Euleta Wilson Eolia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
				ANTECEDENT CAUSES DUE TO (b) <u>Essential Hypertension</u> <u>years</u> DUE TO (c) <u>Arteriosclerosis</u> <u>years</u>			
				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 <u>332x</u>				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) m.		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 _____, 19 <u>50</u> , to <u>5-13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-11</u> , 19 <u>53</u> , and that death occurred at <u>10:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>TEL 800 R 104, MO</u>		23c. DATE SIGNED <u>5/15/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 15, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Millwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln County MO</u>		
DATE REC'D BY LOCAL REG. <u>6/8/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clarence [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McClue Funeral Service Eolia, Mo</u> <u>John E. McClue</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

70  
1

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Norman E. Gosch

Signed.....  
Student Embalmer

Licensed Embalmer No. 2342

P. O. Address Salina Mo

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.