Fee. 300
10.48

FILED JUN 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18625

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 553

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline
c. LENGTH OF STAY (In this place): UNK.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bunton Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon 6611
d. STREET ADDRESS (If rural, give location): 202 Jackson

3. NAME OF DECEASED (Type or Print)
a. (First): Loren
b. (Middle): Zester
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): May 25 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 6, 1882
9. AGE (In years last birthday): 70
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Avon, Minn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: J.R. Wilson
13b. MOTHER'S MAIDEN NAME: Harriett Simmons
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S SIGNATURE OR NAME: Millie Enderley
ADDRESS: Bevier, 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, asthenia, 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: ONE MONTH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC VASCULAR DISEASE
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 ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-16, 1953, *to* 5-16, 1953, *that I last saw the deceased alive on* 5-16, 1953, *and that death occurred at* 1:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul T. Berry (Degree or title) MD
23b. ADDRESS: Marceline, Mo.
23c. DATE SIGNED: 5-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 28, 53
24c. NAME OF CEMETERY OR CREMATORY: Powell Cem.
24d. LOCATION (City, town, or county) (State): Axtel Mo.

DATE REC'D BY LOCAL REG.: 5-28-53
REGISTRAR'S SIGNATURE: Mary Jane Owens 401-0
25. FUNERAL DIRECTOR'S SIGNATURE: Lester Hutton
ADDRESS: Macon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.