No. 300
10.48

FILED JUL 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20811

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 753

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

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (In this place) 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 723 So. 11th St. Duncan Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Rush 0110 1
d. STREET ADDRESS (If rural, give location) R.F.D. # 2, Rushville, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) ISAAC
b. (Middle)
c. (Last) WILSON

4. DATE OF DEATH (Month) 7 (Day) 2 (Year) 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married C
8. DATE OF BIRTH 10-30-1925
9. AGE (In years last birthday) 27 — 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) Unknown
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) Rushville, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Oscar K. Wilson
13b. MOTHER'S MAIDEN NAME Tressie Harvey
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Ray Wilson, Atchison, Kansas — ADDRESS

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) Hodgkin's disease. — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 201X
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* Nov 1, 1952, *to* July 2, 1953, *that I last saw the deceased alive on* June 23d, 1953, *and that death occurred at* 9:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE H. F. Mundy M.D. (Degree or title)
23b. ADDRESS St Joseph Mo.
23c. DATE SIGNED 7/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-3-1953
24c. NAME OF CEMETERY OR CREMATORY Sugar Creek Cemetery
24d. LOCATION (City, town, or county) Rushville, Missouri (State)

DATE REC'D BY LOCAL REG. July 8, 1953
REGISTRAR'S SIGNATURE Esther M. Allison 485
25. FUNERAL DIRECTOR'S SIGNATURE John E. Kupp — ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 John E. Rupp

Licensed Embalmer No. B 986

P. O. Address St. Joseph, Mo.

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

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