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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21962**

LED JUL 8 - 1953

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>163</u>		PRIMARY REG. DIST. NO. <u>3031</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>			
b. CITY OR TOWN <u>De Soto</u>		c. LENGTH OF STAY (If this place) <u>2 YRS</u>		c. CITY OR TOWN <u>De Soto</u>		0502 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>319 No Third St</u>				d. STREET ADDRESS (If rural, give location) <u>319 No Third St</u>			
3. NAME OF DECEASED (First) <u>Trecia</u>			b. (Middle) <u>N.M.N.</u>			c. (Last) <u>WILSON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 26-1953</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Nov 20-1865</u>		9. AGE (In years last birthday) <u>87</u>		10. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co Mo</u>	
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John DeGonia</u>			13b. MOTHER'S MAIDEN NAME <u>Virginia Polizzi</u>			14. NAME OF HUSBAND OR WIFE <u>Fred Wilson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thos. Wilson - De Soto, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Uterus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr?</u>	
		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 <u>174x</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) (Min)		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 <u>3-20-53</u> , 19 <u>53</u> , to <u>6-25-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-25</u> , 19 <u>53</u> , and that death occurred at <u>5:00 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas E. Faller M.D.</u>				23b. ADDRESS <u>De Soto Mo</u>		23c. DATE SIGNED <u>6-26-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-29-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>De Soto Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-30-53</u>		REGISTRAR'S SIGNATURE <u>Marie Parry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lee Mathershead</u> ADDRESS <u>De Soto Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JUL 6 1953

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 Andrew H England

Licensed Embalmer No. 47457

P. O. Address De Soto 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.