

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24009

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 833

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | |
| c. LENGTH OF STAY (in this place) <u>51 yr.</u> | | d. STREET ADDRESS (If rural, give location) <u>311 Virginia St.,</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>311 Virginia St.,</u> | | | |

| | | | | |
|-------------------------------------|-----------------------|-------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>EVA</u> | b. (Middle) | c. (Last) <u>WILSON</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>7/26/1953</u> |
|-------------------------------------|-----------------------|-------------|-------------------------|---|

| | | | | |
|-------------------------|----------------------------------|--|--------------------------------------|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>10/8/1878</u> | 9. AGE (In years last birthday) (If under 1 year: Months Days) (If under 24 hrs.: Hours Min.) <u>74</u> |
|-------------------------|----------------------------------|--|--------------------------------------|--|

| | | | |
|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home Making</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Nortonville, Kansas /</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|---|--|--|

| | | |
|---|--|---|
| 13a. FATHER'S NAME <u>William Moxley</u> | 13b. MOTHER'S MAIDEN NAME <u>Katherine Ramsey</u> | 14. NAME OF HUSBAND OR WIFE <u>Robert Wilson</u> |
|---|--|---|

| | | |
|---|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>E.S. Wilson, 311 Virginia, St. Joseph</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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>24 hr.</u> <u>?</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardiovascular-renal disease; with acute heart failure.</u> | | |
| | ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis? general</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | |

| | | |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>442x</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|---|---|

| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

| | | |
|---|--|----------------------------|
| 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? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from 11 8 1951, to 7-26, 1953, that I last saw the deceased alive on 9-26, 1953, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

| | | | |
|---|-------------------|-------------------------------------|------------------------------------|
| 22a. SIGNATURE <u>Wm B. Rootman MD</u> | (Degree or title) | 23b. ADDRESS <u>316 No 10 St</u> | 23c. DATE SIGNED <u>7-27-53</u> |
|---|-------------------|-------------------------------------|------------------------------------|

| | | | |
|---|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>7/28/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Nortonville Cemetery Nortonville, Kansas</u> | 24d. LOCATION (City, town, or county) (State) |
|---|-----------------------------|---|---|

| | | | |
|--|--|------|--|
| DATE REC'D BY LOCAL REG. <u>July 29, 1953</u> | REGISTRAR'S SIGNATURE <u>Katherine M. Allison</u> | 4857 | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Clark Funeral Home, St. Joseph, Mo.</u> |
|--|--|------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

FILED AUG 3 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



Licensed Embalmer No. 4679

P. O. Address St. Joseph, 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.