

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32465**

FILED **SEP 29 1953**

BIRTH NO. _____ REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **4338** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONROE CITY		c. LENGTH OF STAY (in this place) 46 YRS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 506 SOUTH MAIN STREET		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONROE CITY 0690	
		d. STREET ADDRESS (If rural, give location) 506 S. MAIN STREET. 0	

3. NAME OF DECEASED (Type or Print) JOSEPH	a. (First) ELMO	b. (Middle) WILSON	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 22 1953
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5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JANUARY 22ND 1907	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR 8 Months 20 Days	IF UNDER 24 HRS. 0 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor	10b. KIND OF BUSINESS OR INDUSTRY CAFE	11. BIRTHPLACE (State or foreign country) MONROE CITY MISSOURI 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME TRA EVERETT WILSON	13b. MOTHER'S MAIDEN NAME IDR KENDRICK	14. NAME OF HUSBAND OR WIFE Lucy SAUNDERS WILSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. 492-14-0379	17. INFORMANT'S SIGNATURE OR NAME Lucy Wilson	ADDRESS Monroe City, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY TUBERCULOSIS	INTERVAL BETWEEN ONSET AND DEATH 5 YEARS
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ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	Diabetes
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II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	CERROSIS of LIVER	3 YEARS
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 002X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **SEPT 2, 1953**, to **SEPT 22, 1953**, that I last saw the deceased alive on **SEPT 22, 1953**, and that death occurred at **45A, m.**, from the causes and on the date stated above.

23a. SIGNATURE John H. White	(Degree or title) M.D.	23b. ADDRESS Monroe City, Mo.	23c. DATE SIGNED 9/23/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-24-1953	24c. NAME OF CEMETERY OR CREMATORY HOLY ROSARY CEMETERY	24d. LOCATION (City, town, or county) (State) MONROE CITY MISSOURI
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DATE REC'D BY LOCAL REG. 9-23-53	REGISTRAR'S SIGNATURE Edna Robertson	471	25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS, Monroe City, Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0690 /

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Levittown, Pa

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.