

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42004**

FILED JAN 5 1954

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **99**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax	c. LENGTH OF STAY (in this place) 39 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio 2080	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Fairfax Community Hospital		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) NELLIE	b. (Middle) IRENE	c. (Last) WILSON	4. DATE OF DEATH (Month) (Day) (Year) Dec 24, 1953
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 4, 1890
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 6 Days 20	IF UNDER 11 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri.
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Roger Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roger Wilson Tarkio, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric thrombosis		INTERVAL BETWEEN ONSET AND DEATH 8 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) auricular fibrillation		
	DUE TO (c) advanced atherosclerosis		
	DUE TO (c) coronary-vascular disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	massive CVA 6 wks. prior to terminal episode		

19a. DATE OF OPERATION 12/24/53	19b. MAJOR FINDINGS OF OPERATION Massive mesenteric thrombosis 4/22/1	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)	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 **5/28/53, 19**, to **12/24/53, 19**, that I last saw the deceased alive on **12/24/53, 19**, and that death occurred at **3:50p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Col. Midermeyer, M.D.	23b. ADDRESS Tarkio, Missouri.	23c. DATE SIGNED 12/26/53
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/26/53	24c. NAME OF CEMETERY OR CREMATORY Home Cemetery
24d. LOCATION (City, town, or county) (State) Tarkio, Missouri.		

DATE REC'D BY LOCAL REG. Jan 19, 1953	REGISTRAR'S SIGNATURE Therwin H. Schaefer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis Funeral Home Tarkio, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

2080

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 Frost A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, Missouri.

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.