

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42030**

BIRTH NO. **76122** REG. DIST. NO. **6** PRIMARY REG. DIST. NO. **5031** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY OR TOWN Rural (cuivre)		c. CITY OR TOWN Rural (cuivre) 0040	
c. LENGTH OF STAY (in this place) 2 Weeks		d. STREET ADDRESS (If rural, give location) 8 mi. S.E. of Laddonia, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 mi. S.E. of Laddonia, Mo.		d. STREET ADDRESS (If rural, give location) 8 mi. S.E. of Laddonia, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Jane b. (Middle) ELLEN c. (Last) Wilson.			4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant	
8. DATE OF BIRTH Nov. 13, 1953		9. AGE (in years last birthday) 22		IF UNDER 1 YEAR: Months 22 Days 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Gwynn Wilson		13b. MOTHER'S MAIDEN NAME Katherine Galloway		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Gwynn Wilson ADDRESS Laddonia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Malformation Object occipital protuberance of Cranium with large Meningeal DUE TO (b) Chift Polio DUE TO (c) Meningeal				INTERVAL BETWEEN ONSET AND DEATH since birth	
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 7582				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 **11/13, 1953** to **12/4, 1953**, that I last saw the deceased alive on **11/20, 1953** and that death occurred at **11:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE M. Callenbach (Degree or title) M.D.		23b. ADDRESS Mexico, Missouri		23c. DATE SIGNED 12/8/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 5, 1953		24c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery	
24d. LOCATION (City, town, or county) Laddonia, Mo.		24e. (State) Mo.			
DATE REC'D BY LOCAL REG. Dec 7 1953		REGISTRAR'S SIGNATURE D. Valle Fugue		25. FUNERAL DIRECTOR'S SIGNATURE Wilbur Bientoff ADDRESS Laddonia, Mo.	

No. 300
10.48
2040
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Clyde W. Wiley

Licensed Embalmer No. 3826

P. O. Address Temp, 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.