

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42175**

FILED DEC 28 1953

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|---|--|---|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>1307</u> | |
| 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>Holt</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (in this place) <u>5 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Oregon</u> p. 440 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>None</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Hubert</u> c. (Last) <u>Wilson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 10 1953</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Nov. 1 1886</u> | |
| 9. AGE (In years last birthday) <u>67</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Forest City Missouri</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Forest City Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Jeremiah Herod Wilson</u> | | | |
| 13b. MOTHER'S MAIDEN NAME <u>Ada Ann Miller</u> | | 14. NAME OF HUSBAND OR WIFE <u>Winnie Belle Wilson</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>500-36-0687</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J.H. Wilson Oregon Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphatic Leukemia - acute</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>?</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>2040</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) | | 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>Dec 4, 1953</u> , to <u>Dec 10, 1953</u> , that I last saw the deceased alive on <u>Dec 9, 1953</u> , and that death occurred at <u>2:20 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>L.P. Lenoir M.D.</u> | | | | 23b. ADDRESS <u>St. Joseph Mo</u> | | 23c. DATE SIGNED <u>12-11-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Dec. 13 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oregon</u> | | 24d. LOCATION (City, town, or county) (State) <u>Oregon Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Dec 23, 1953</u> | | REGISTRAR'S SIGNATURE <u>Bethen M. Allison</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pettigrew</u> | | ADDRESS <u>Oregon Mo</u> | |

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

JUL 21 1955

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 James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon 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.