

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

332

State File No.

No. 300
10.48

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 124

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Buchanan</u>		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> <u>0117</u>	
c. LENGTH OF STAY (In this place) <u>15 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>414 Mo. 2nd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>414 Mo. 2nd St.</u>			

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>Ernest</u>	b. (Middle)	c. (Last) <u>Wilson</u>	(Month) <u>Feb.</u>	(Day) <u>3</u>	(Year) <u>1954</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>2 Negro</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 25-1886</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 6 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (State or foreign country) <u>East Macon - Ga.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Andrew Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Rhoda Carter</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth M. Wilson</u>
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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>335-18-4689</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Williams</u> <u>414 Mo. 2nd St. St. Joseph, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Cardiovascular Disease.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Disease.</u> 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>4221</u>

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 on Jan 2/9, 1954, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. F. Mundy M.D. (Physician)</u>	23b. ADDRESS <u>St. Joseph Mo</u>	23c. DATE SIGNED <u>2/9/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 5-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 5, 1954</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>485</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Alexander</u> <u>St. Joseph, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.

Signed Wm. H. Alexander

Signed.....
Student Embalmer

Licensed Embalmer No. 4450

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.