

FILED APR 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14597**

BIRTH NO. _____		REG. DIST. NO. <b>322</b>		PRIMARY REG. DIST. NO. <b>3071</b>		Registrar's No. <b>10</b>			
1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Saline</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Slater</b>		c. LENGTH OF STAY (In this place) <b>42 years</b>		c. CITY OR TOWN <b>Slater</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>105 LeRoy</b>				e. STREET ADDRESS (If rural, give location) <b>105 LeRoy</b>					
3. NAME OF DECEASED (Type or Print) (First) <b>ROBERT</b> (Middle) <b>LEE</b> (Last) <b>WILSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April-18-54</b>						
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>Aug-2-1875</b>			
10. USUAL OCCUPATION (Give kind of work done during most of work life. If retired, state when retired) <b>Retired Railroad</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Archer Machine</b>		11. BIRTH PLACE (City and State) <b>Saline, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Wm Robert Wilson</b>			13b. MOTHER'S MAIDEN NAME <b>Melena Pittman</b>		14. NAME OF SPOUSE OR WIFE <b>Mollie Wilson</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>A87430</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mollie Wilson, Slater, Mo</b>					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral embolism</b>				ANTECEDENT CAUSES				4 wks.	
DUE TO (b) <b>Hypertension</b>				DUE TO (c) <b>Generalized Arteriosclerosis</b>					
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 <b>332X</b>						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 <b>April</b> , 19 <b>52</b> , to <b>April</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>4-18</b> , 19 <b>54</b> , and that death occurred at <b>8:15</b> p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Dr. Nelson Quarg M.D.</b>				23b. ADDRESS <b>214 1/2 N. MAIN ST (SLATER)</b>		23c. DATE SIGNED <b>4-19-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>4-22-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Graveside</b>		24d. LOCATION (City, town, or county) (State) <b>Slater Mo</b>			
DATE REC'D BY LOCAL REG. <b>4/19/54</b>		REGISTRAR'S SIGNATURE <b>Mrs. Earl C. Metz</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Jones</b>		ADDRESS <b>Slater, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

APR 27 1931

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 ..... Signature of Student Embalmer

Signed James E. [Signature] Licensed Embalmer No. 31 P. O. Address State

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.