

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34444

State File No.

FILED NOV 15 1954

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lebanon</u>		c. CITY OR TOWN <u>Prosperine</u>	
c. LENGTH OF STAY (in this place) <u>4 mo.</u>		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 <u>Knox nursing Home</u>		STREET ADDRESS (If rural, give location) <u>Rural Route 0530</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Louvena</u> c. (Last) <u>Wilson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 5, 1874</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Days <u>26</u> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Peter J. Breech</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Bryant</u>	14. NAME OF HUSBAND OR WIFE <u>Josephus Wilson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alma Holman Lebanon, Mo.</u>		ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Stroke</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> <u>1 hr</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>4343</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) _____		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>July 7, 1954</u> , to <u>Oct 31, 1954</u> , that I last saw the deceased alive on <u>Oct 31, 1954</u> and that death occurred at <u>10: A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Bohrer</u>		23b. ADDRESS <u>LEBANON, MISSOURI</u>	
(Degree or title) <u>D.O.</u>		23c. DATE SIGNED <u>11-1-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>11/1/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mountain Creek Cemetery near Prosperine Mo.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>11-3-1954</u>		REGISTRAR'S SIGNATURE <u>Alvilla L. Hays</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u>		ADDRESS <u>Lebanon, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

Received 11-6-54
Laclède County Health Unit
File No: 177
Date filed NOV 12 1954

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 *Cosey M. Howe*
Licensed Embalmer No. 422
P. O. Address *Lebanon*

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.