

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36676

FILED DEC 2 1954

State File No. 23
Registrar's No. 3007

| | | | | | | | | | | |
|---|--|---|---|---|--|--|---|------------------------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 43 | | PRIMARY REG. DIST. NO. 3007 | | State File No. 23 | | Registrar's No. 3007 | | |
| 1. PLACE OF DEATH a. COUNTY Butler | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff | | | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Duck Creek) 2020 | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Doctor's Hospital | | | | d. STREET ADDRESS (If rural, give location) R.F.D. #2, Puxico, Mo. | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Rosa | | | b. (Middle) Lee | | c. (Last) Wilson | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1954 | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH April 14, 1895 | | 9. AGE (In years last birthday) 59 | | |
| | | | | | | IF UNDER 1 YEAR Months 7 | | IF UNDER 24 HRS. Days 28 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Morganfield, Kentucky | | 12. CITIZEN OF WHAT COUNTRY? U. S. | | |
| 13a. FATHER'S NAME Billy Cartwright | | | 13b. MOTHER'S MAIDEN NAME Sarah Marshall | | | 14. NAME OF HUSBAND OR WIFE M. P. Wilson | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS M. P. Wilson, Puxico, Mo. R. 2 | | | | | |
| 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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hy. pentusion DUE TO (c) Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | | 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) | | 331X | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 10-11-1954 to 11-12-1954, that I last saw the deceased alive on 11-12-1954, and that death occurred at 8:45 AM, from the causes and on the date stated above. | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>Margaret P. Barbours</i> | | | | 23b. ADDRESS Poplar Bluff, Mo. | | | | 23c. DATE SIGNED 11/24/54 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11-14-54 | | 24c. NAME OF CEMETERY OR CREMATORY Dexter | | 24d. LOCATION (City, town, or county) (State) Dexter, Missouri | | | | |
| DATE RECD BY LOCAL REG. 11/24/54 | | REGISTRAR'S SIGNATURE <i>J. H. Murrell</i> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo. | | | | | |

RECEIVED
NOV 29 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

MAR 22 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 _____

Lucille Rainey

Student Embalmer No. 508

working under my personal supervision.

Student *Lucille Rainey*
Student Embalmer

Signed _____

J. S. Huxley

Licensed Embalmer No. 3479

P. O. Address Butler, Pa.

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.