

1909

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

43

Registrar's No. \_\_\_\_\_

384

251

REG. DIST. NO. \_\_\_\_\_

PRIMARY REG. DIST. NO. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

FILED JAN 17 1955

No. 300

10-48

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

1. PLACE OF DEATH a. COUNTY <i>Nodaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i>		b. COUNTY <i>Henry</i>	
b. CITY OR TOWN <i>Marionville</i>		c. LENGTH OF STAY (If this place) <i>6 Mos</i>		c. CITY OR TOWN <i>Boyle Township</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Francis Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>			
3. NAME OF DECEASED (Type or Print) <i>Tarley</i>			a. (First)	b. (Middle)	c. (Last) <i>Wilson</i>
4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 9-1955</i>					
5. SEX <i>M. O</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Jan 16-1891</i>	9. AGE (In years, last birthday) <i>63</i>	10. MONTHS <i>11</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own</i>	11. BIRTHPLACE (State or foreign country) <i>Henry Co Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13a. FATHER'S NAME <i>Charles H. Wilson</i>		13b. MOTHER'S MAIDEN NAME <i>Mary E. Barber</i>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>Eul Wilson</i> ADDRESS <i>Albany Mo</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Prostate Gland</i>			INTERVAL BETWEEN ONSET AND DEATH _____
		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 _____			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) <i>177X</i>	
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 <i>June 1954</i> to <i>Jan 9, 1955</i> , that I last saw the deceased alive on <i>Jan 9, 1955</i> , and that death occurred at <i>10 A. M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>R. H. Engle, M.D.</i>			23b. ADDRESS <i>Marionville, Mo</i>		23c. DATE SIGNED <i>1/19/55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan 11-55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Miller Cemetery</i>	
				24d. LOCATION (City, town, or county) (State) <i>Henry Co Mo</i>	
DATE REC'D BY LOCAL REG. <i>1-15-55</i>		REGISTRAR'S SIGNATURE <i>Bessie Holt</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Clifford Brown</i> ADDRESS <i>Albany Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 MS

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Carlisle Brooks*

Licensed Embalmer No. 3329

P. O. Address Albany 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.