

FILED MAR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4031

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 249			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan					
b. CITY OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 9 yrs.		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Saxton Nursing Home 2421 Francis Street				e. STREET ADDRESS (If rural, give location) 2421 Francis Street 01170					
3. NAME OF DECEASED (Type or Print) a. (First) Flora			b. (Middle) Frances		c. (Last) Wilson				
4. DATE OF DEATH March 1, 1955			5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
8. DATE OF BIRTH December 29, 1874			9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) JX Ohio.		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME S. Snyder		13b. MOTHER'S MAIDEN NAME Elizabeth Shearer		14. NAME OF HUSBAND OR WIFE Everett Wilson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. *****		17. INFORMANT'S SIGNATURE OR NAME Davis Funeral Home			ADDRESS Tarkio, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure				INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease				DUE TO (c) Arteriosclerosis				unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								unknown	
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)		4200			
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 Jan 13, 1955, to Feb 28, 1955, that I last saw the deceased alive on Feb 27, 1955, and that death occurred at 4:15 Am., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Sharon E. Wagoner MD				23b. ADDRESS 301 Illinois St. Joseph Mo		23c. DATE SIGNED 3-2-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 5, 1955		24c. NAME OF CEMETERY OR CREMATORY Home Cemetery		24d. LOCATION (City, town, or county) (State) Tarkio, Missouri.			
DATE REC'D BY LOCAL REG. March 7, 1955		REGISTRAR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side) Richard M. Allison 485-1		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS St. Joseph, Mo.			

WRITE PLAINLY—USING UNFADING 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..

Student.....***.....***
Signature of Student Embalmer

Signed *Raymond W. Haven*.....

Licensed Embalmer No. 4413 M

P. O. Address St. Joseph, M

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.