

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14876

FILED JUN 6 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	c. LENGTH OF STAY (in this place) <u>5 yr</u>	c. CITY OR TOWN <u>Cape Girardeau</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2500 Ranchito Drive</u>		STREET ADDRESS (If rural, give location) <u>2500 Ranchito Dr.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Clarence</u> c. (Last) <u>Wilson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-29-1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 17 1907</u>	9. AGE (in years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mgr.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>N.O. Nelson Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Clarence Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Ernsting</u>	14. NAME OF HUSBAND OR WIFE <u>Ilse Wilson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes W.W 2</u>	16. SOCIAL SECURITY NO. <u>link</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ilse Wilson</u> ADDRESS <u>Cape Gir. Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>4 Mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Pancreas</u>		
	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. <u>157X</u>			

19a. DATE OF OPERATION <u>4-19-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ca Pancreas & Liver Metastasis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2:22, 1955, to 5-29, 1955, that I last saw the deceased alive on 5-29, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Hall</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Cape Girardeau Mo</u>	23c. DATE SIGNED <u>6-1-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-1-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-1-55</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Estes</u> ADDRESS <u>Cape Gir Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

JUN 17 1956

JUN 7 1956

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 *W. H. Estro*.....

Licensed Embalmer No.. *359*

P. O. Address *Quincy, Ill.*

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.