

FILED AUG 8 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. **23049**

BIRTH NO. **46173-55** REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **198**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Maryville) c. LENGTH OF STAY (in this place) 9 hours		c. CITY OR TOWN Maryville 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 St. Francis Hospital		f. STREET ADDRESS (If rural, give location) 316 Lavn Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) JULIE	b. (Middle) MARIE	c. (Last) WILSON	4. DATE OF DEATH (Month) (Day) (Year) 7 31 55
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH 7/31/55	9. AGE (In years last birthday) 0 if UNDER 1 YEAR Months 0 Days 0 if UNDER 4 HRS. Hours 9 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Maryville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Arnold Wilson	13b. MOTHER'S MAIDEN NAME Verla Hartman	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Arnold Wilson, Maryville, Missouri	ADDRESS Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 hrs
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) postnatal DUE TO (c) 7700		
11. 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"/>
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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 July 31, 19 55, to July 31, 19 55, that I last saw the deceased alive on July 31, 19 55, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. D.	23b. ADDRESS Marvville, Missouri	23c. DATE SIGNED 8/2/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8/1/55	24c. NAME OF CEMETERY OR CREMATORY Winterset	24d. LOCATION (City, town, or county) (State) Winterset, Iowa
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DATE REC'D BY LOCAL REG. 8-6-55	REGISTRAR'S SIGNATURE Gess / Holt	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Marvville, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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 *Clayton M. Price*.....

Licensed Embalmer No. *182*

P. O. Address *Maryville*

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.