

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

266648

STATE FILE NUMBER

FILED AUG 27 1956

Registration District No. 128 Primary Registration District No. 5452 Registrar's No. 767

health, Welfare public service
 300 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Greene</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ash Grove</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Greene</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>South Part Ash Grove</u>		Length of stay in lb <u>73 yrs</u>		c. CITY OR TOWN <u>Ash Grove</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
First <u>Amanda</u>		Middle <u>Lourena</u>		Last <u>Wilson</u>		Month <u>Aug</u> Day <u>19</u> Year <u>1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 15-1882</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		9. AGE (In years last birthday) <u>74</u>		11. BIRTHPLACE (City and state or country) <u>Lawrence Co. Mo.</u>	
13. FATHER'S NAME <u>John Wilson</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				14. MOTHER'S MAIDEN NAME <u>Mary Nicholson</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Luther Wilson</u>				Address <u>Ash Grove Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Debilitation, inanition and toxemia</u>							<u>3 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinomatosis</u>							
DUE TO (c) <u>Primary carcinoma of the pancreas</u>							
PART II..OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>							<u>157X</u>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>3-13-56</u> to <u>8-19-56</u> and last saw <u>her</u> alive on <u>8-19-56</u> Death occurred at <u>1:48 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Thomas F. Matz, D.O.</u>				22b. ADDRESS <u>Ash Grove, Missouri</u>		22c. DATE SIGNED <u>8-20-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug 20-1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>John's Chapel</u>		23d. LOCATION (City, town, or county) (State) <u>Greene County Missouri</u>	
24. FUNERAL DIRECTOR <u>J.W. Birch</u>		ADDRESS <u>Ash Grove Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8-22-56</u>		26. REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	

(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 em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 38

P. O. Address Mrs. Green

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.