

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33819**

FILED NOV 1 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 93

1. PLACE OF DEATH  
a. COUNTY Iron  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY Iron

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Arcadia  
c. LENGTH OF STAY (in this place) 4mo. 21da.  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Arcadia 2470

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Home for Aged Baptists  
d. STREET ADDRESS (If rural, give location) 1 1/2 mi. E. on Hwy. 70

3. NAME OF DECEASED (Type or Print)  
a. (First) Edna b. (Middle) Pearl c. (Last) Wilson  
4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1956

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH April 17, 1873 9. AGE (in years last birthday) 83 IF UNDER 1 YEAR Months 6 Days 8 IF UNDER 24 HRS. Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (State or foreign country) Carroll County, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME David Cunningham 13b. MOTHER'S MAIDEN NAME Lucy Jane Owen 14. NAME OF HUSBAND OR WIFE James D. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dolores Weiss, Ironton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial Degeneration  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) Colitis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 26

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO  4222

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Aug 1, 1956 to Oct. 22, 1956 that I last saw the deceased alive on Oct. 23, 1956 and that death occurred at 6:00 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.H. McDiester M.D. 23b. ADDRESS Ironton, Mo. 23c. DATE SIGNED 10-26-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct. 29, 1956 24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_ 24d. LOCATION (City, town, or county) (State) Hale, Missouri

DATE REC'D BY LOCAL REG. 10-27-56 REGISTRAR'S SIGNATURE Mrs. Avis Jones 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home Dwight, 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 .....  
Student Embalmer

Signed

*Ancel White*

Licensed Embalmer No. *3012*

P. O. Address

*Oronoke, Va.*

**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.**