

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1132**

FILED JAN 22 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **5521** Registrar's No. **90**

1. PLACE OF DEATH a. COUNTY <b>Hickory</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Hickory</b>	
b. CITY OR TOWN <b>Hermitage</b>	c. LENGTH OF STAY (in this place) <b>30 years</b>	c. CITY OR TOWN <b>Hermitage</b>	d. STREET ADDRESS (If rural, give location) <b>Central Hermitage</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Central Hermitage</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>	b. (Middle) <b>Emory</b>	c. (Last) <b>Wilson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 19-1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug 12-1887</b>
9. AGE (in years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>7</b>	IF UNDER 1 HR. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>General News Printer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Newspaper</b>	11. BIRTHPLACE (State or foreign country) <b>Hermitage, Md</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>

13a. FATHER'S NAME <b>Francis Marion Wilson</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Akers</b>	14. NAME OF HUSBAND OR WIFE <b>Anna M. Wilson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Kenneth Wilson - Hermitage, Md</b>	ADDRESS <b>Hermitage, Md</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>60 hrs</b>
	ANTECEDENT CAUSES DUE TO (b) <b>slight stroke last October</b>		
	DUE TO (c) <b>October</b>		
II. 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? <b>2</b> 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)	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 **Jan 17, 1957**, to **Jan 19, 1957**, that I last saw the deceased alive on **Jan 19, 1957**, and that death occurred at **1:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>P. M. Mearns, M.D.</b>	23b. ADDRESS <b>Hermitage, Md</b>	23c. DATE SIGNED <b>1-19-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>Jan 24-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hermitage Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hermitage, Md</b>
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DATE REC'D BY LOCAL REG. <b>1-19-1957</b>	REGISTRAR'S SIGNATURE <b>Mary Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert H. Hetherington - Hermitage, Md</b>	ADDRESS <b>Hermitage, Md</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 *Chas Gilbert Hathaway*

Licensed Embalmer No. *4267*

P. O. Address *Westland, Mo*

**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.