

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2058

FILED FEB 4 1957

STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 3

| | | | | | |
|--|----------------------------------|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>East Prairie Mo.</u> | | Inside Limits Y# <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>East Prairie Mo.</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>East Prairie Mo.</u> | | Length of stay in 1b <u>23 Years</u> | | d. STREET ADDRESS (If outside, give location) <u>East Prairie Mo.</u> | |
| 3. NAME OF DECEASED (Type or print) <u>Nettie Rosalee Wilson</u> | | | 4. DATE OF DEATH <u>Jan. 11, 1957</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb. 15, 1870</u> | 9. AGE (In years last birthday) <u>86</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u> | 11. BIRTHPLACE (City and state or country) <u>Union City Tenn.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13. FATHER'S NAME <u>James N. Julian</u> | | | 14. MOTHER'S MAIDEN NAME <u>Sarah Wahnscott</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> | | 16. SOCIAL SECURITY NO. <u>- - -</u> | 17. INFORMANT Address <u>Mrs. Alex Bard East Prairie Mo.</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) <u>Arteriosclerosis</u> | | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 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>Mar. 24 1956</u> to <u>Jan. 9, 1957</u> and last saw her/him alive on <u>Jan. 9, 1957</u> . Death occurred at <u>8:30</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Travis Shelby Jr.</u> | | | 22b. ADDRESS <u>East Prairie Mo.</u> | | 22c. DATE SIGNED <u>1-25-57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Jan. 13-57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>W.O.W. East Prairie Mo.</u> | 23d. LOCATION (City, town, or county) (State) <u>East Prairie Mo. Mo.</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Travis Shelby Jr. East Prairie Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>1-26-57</u> | 26. REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

300
-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

177-0

RECEIVED

Miss. Co. Health

County File No. _____

Date Filed 2

FEB 8 1957

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 *Travis Shelby Jr*

Licensed Embalmer No. H. 9

P. O. Address East Pra

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