

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

40124

State File No.

FILED DEC 3 - 1957

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5530 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>HOLT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). --a. STATE <u>MISSOURI</u> ... b. COUNTY <u>HOLT</u>	
b. CITY OR TOWN <u>RURAL BENTON TWP.</u>	c. LENGTH OF STAY (in this place) <u>7 yrs</u>	c. CITY OR TOWN <u>Forest City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi S. of Mound City</u>		e. STREET ADDRESS (If rural, give location) <u>6 mi S. of Mound City</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OWEN</u>	b. (Middle) <u>ROBERT</u>	c. (Last) <u>WILSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 24, 1957</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 2, 1895</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HOLT COUNTY, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FINLEY A. WILSON</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY FLAENER</u>	14. NAME OF HUSBAND OR WIFE <u>MATHILDA WILSON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes W.W.I</u>	16. SOCIAL SECURITY NO. <u>491-42-4506</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. OWEN WILSON - Forest City, Mo.</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>162X</u>		

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) _____	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 June 17, 1957, to Nov 24, 1957, that I last saw the deceased alive on Nov 24, 1957, and that death occurred at 9 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Gene McRae</u> (Degree or title) <u>DO</u>	23b. ADDRESS <u>Mound City, Mo</u>	23c. DATE SIGNED <u>11/26/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-27-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT HOPE</u>	24d. LOCATION (City, town, or county) (State) <u>Mound City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-26-57</u>	REGISTRAR'S SIGNATURE <u>James Crawford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Crawford</u> ADDRESS <u>Mound City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0440

+69

DEC 5 1957

MAY 23 1958

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 *James H. Crawford*

Licensed Embalmer No. *4796*

P. O. Address *Mound City*

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.