

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011264  
STATE FILE NUMBER

FILED APR 1 1958

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 124

0940

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Twp. Farmington-Rural</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Flat River</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Thomas Deel Memorial Nursing Home</u>			Length of stay in lb <u>Said yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>503 Adams</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Mrs. Nettie</u>			First <u>Nettie</u>	Middle <u>May</u>	Last <u>Wilson</u>	4. DATE OF DEATH Month <u>March</u> Day <u>18</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White-Cauc</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>February 5-1885</u>		9. AGE (In years last birthday) <u>73-1-13</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Reynolds County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Mr. John L. Miller</u>				14. MOTHER'S MAIDEN NAME <u>Sarah J. Coyle</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>493-03-00200</u>		17. INFORMANT <u>Mrs. C. C. Wilson (Son)</u> Address <u>212 Emerson St. Flat River, 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>Sepsis - Bronchopneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebrovascular Accident</u> DUE TO (c) <u>Essential Hypertension</u> <u>331X</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>3 wks</u> <u>several years</u>
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 <u>          </u> Month <u>          </u> Day <u>          </u> Year <u>          </u> a. m. <u>          </u> p. m. <u>          </u>							
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>8-6-57</u> to <u>3-18-58</u> and last saw her <u>alive</u> on <u>3-18-58</u> . Death occurred at <u>3:30 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Errol B. Embler DO</u>				22b. ADDRESS <u>175 Jackson Farmington</u>		22c. DATE SIGNED <u>3-19-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>March 21 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Park View Cemetery</u>		23d. LOCATION (City, town, or county) <u>Farmington</u>		(State) <u>Mo.</u>
24. FUNERAL DIRECTOR <u>Alvin Hood</u> ADDRESS <u>303 Crane Flat River, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Mar. 19, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Gertrude Rudloff</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 4 1958

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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.....  
Signature of Student Embalmer

Signed *Alvin Hood*.....

Licensed Embalmer No...27.  
303 Crane  
P. O. Address *Fla. River*

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