

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010505

STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 292 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY RALLS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RALLS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEW LONDON		c. CITY OR TOWN NEW LONDON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MAHALIA WILSON		4. DATE OF DEATH Month Day Year MARCH 5 1959	
5. SEX 3 FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 12, 1867
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) NEW LONDON MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME HENRY MASON		13b. MOTHER'S MAIDEN NAME ISABELL GREEN	
14. NAME OF HUSBAND OR WIFE LOTE WILSON		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT Address BEATRICE WOODSON NEW LONDON, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) venereal Poisoning DUE TO (b) old Age & cerebral Hemorrhage. DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 1945 to Mar 1959 and last saw her alive on Mar. 3, 1959 Death occurred at 4: AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. P. Hansen D.O. 2		22b. ADDRESS Frankford Mo.	
22c. DATE SIGNED 3-7-59		23a. BURIAL, CREMATION, or other disposal (Specify) CREMATION	
23b. DATE MAR. 8, 1959		23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY	
23d. LOCATION (City, town, or county) (State) NEW LONDON MO.		24. FUNERAL DIRECTOR ADDRESS GEO E Roberts 1218 BROADWAY HANNIBAL MO.	
25. DATE RECD. BY LOCAL REG. 3/27/1959		26. REGISTRAR'S SIGNATURE Chas E. Wilson	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

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 Geo. E. Robert

Licensed Embalmer No. 2113

P. O. Address HANNIBAL, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.