

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS JUN 20 1960

-60-023813

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Maries</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Boone</u>		Length of stay in 1b		c. CITY OR TOWN <u>Rural Boone</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) <u>Elizabeth Catherine Wilson</u>				4. DATE OF DEATH Month <u>5</u> Day <u>26</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>8/21/1896</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Maries County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>David Breeden</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Dodds</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur Wilson</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>Unknown</u>		17. INFORMANT Address <u>Mr. Arthur Wilson, Rt. #1, Meta, Missouri</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>MALIGNANT LYMPHOMA OF</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>THE INTESTINAL TRACT</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) <u>✓</u> PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown						INTERVAL BETWEEN ONSET AND DEATH <u>6 MO</u>	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>✓</u>					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year <u>Feb 1960</u>	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒						
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>Feb 1960</u> to <u>APRIL 26, 1960</u> and last saw her alive on <u>APRIL 15, 1960</u> Death occurred at <u>6:30 P!</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>John A. Prichard, D.O.</u> (Degree or title)				22b. ADDRESS <u>Cracker, Mo.</u>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/29/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Red Cemetery</u>		23d. LOCATION (City, town, or county) <u>Maries County, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Gilbert Funeral Home, Inc., Dixon, Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>June 13-1960</u>		26. REGISTRAR'S SIGNATURE <u>Thos W. Hutchman</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

67 2 ~~TOAST~~ ~~LAUIT~~ ~~STATEMENT BY LICENSED EMBALMER~~

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Maurice E. Schurke

Licensed Embalmer No. 4506

P. O. Address Dixon, Missouri

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.