

No. 300
10.48

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19746

BIRTH MO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5307 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) R. TOWN <u>Russellville</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Russellville</u> 0264	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>R.R. 3. Moran</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>BENJAMINE</u> c. (Last) <u>WILSON.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28-51</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>APR. 7-1894</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Ret. Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Centertown Mo.</u>				12. CITIZEN OF WHAT COUNTRY?			
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13a. FATHER'S NAME <u>Wm. Wilson</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Murray</u>				14. NAME OF HUSBAND OR WIFE <u>Anna Wilson</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Geo Wilson Russellville Mo</u>				ADDRESS			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure; asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>General debility</u>									
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malnutrition</u>									
		DUE TO (c) <u>Carcinoma of stomach</u>									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>						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) <u>151X</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 4/6 1951, to 4/14, 1951, that I last saw the deceased alive on 4/14, 1951, and that death occurred at 10:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. C. Michael D.O. 2</u>		23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>6/29/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-1-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EVANGELICAL CEM. Russellville Mo</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>June 30</u>		REGISTRAR'S SIGNATURE <u>me. Minnie Hittmeyer</u>		70 25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo Steffens Russellville</u>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7-5-50260

210.

RECEIVED 7-3-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-3-51 _____

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
Student Embalmer

Signed *Wm. Steppene* _____

Licensed Embalmer No. 2307 _____

P. O. Address Russellville 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 this body is not embalmed, fact should be so stated above.