

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12335**

BIRTH NO. _____		REG. DIST. NO. 71		PRIMARY REG. DIST. NO. 3012		Registrar's No. 40	
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give township) Excelsior Springs		c. LENGTH OF STAY (in this place) 45 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Excelsior Springs		d. STREET ADDRESS (If rural, give location) Waller Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Waller Ave				d. STREET ADDRESS (If rural, give location) Waller Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) PERRY b. (Middle) CALVIN c. (Last) WILSON			4. DATE OF DEATH (Month) (Day) (Year) March 24 1950				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 6, 1864	
9. AGE (In years last birthday) 86		10. MONTHS 0		11. DAYS 18		12. IF UNDER 1 YEAR OF AGE: Hours 0 Mins. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Carpentering		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Wilson		13b. MOTHER'S M maiden NAME Eveline (unk)		14. NAME OF HUSBAND OR WIFE Minnie Lee Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ora Lawson, Waller Avenue, Excelsior Springs, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 491X					INTERVAL BETWEEN ONSET AND DEATH 3 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from 3/24 , 19 50 , to 3/24 , 19 50 , that I last saw the deceased alive on 3/24 , 19 50 , and that death occurred at 3:00 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Osgood Stohling M.D.				23b. ADDRESS Excelsior Springs Mo.		23c. DATE SIGNED 3/25/50.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/26/50		24c. NAME OF CEMETERY OR CREMATORY Riffe Cemetery		24d. LOCATION (City, town, or county) (State) Rural Excelsior Springs Mo.	
DATE REC'D BY LOCAL REG. 3/24/50		REGISTRAR'S SIGNATURE Caroline Dutchman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clarence Crickard, Excelsior Springs Mo.			

0241

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

APR 6

RECEIVED

District Health Officer No. 8

District File Number.....

Date Filed 4-19-50

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 Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs

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.