No. 300
10-48

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

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39187

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9397

1. PLACE OF DEATH
a. COUNTY St Louis—Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Belgrade
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) c. (Last) Wilson

4. DATE OF DEATH (Month) Nov. (Day) 2 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 4 1865

9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months 9 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Crawford Co. Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE James Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edith Aiken Caledonia 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Operation for removal of jejunal and Duodenal diverticulae.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) congenital
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. age 86 yrs old

INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

19a. DATE OF OPERATION 11/1/50

19b. MAJOR FINDINGS OF OPERATION multiple diverticulae of jejunum & duodenum - (congenital)

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) no injury

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? no injury 372.1

22. *I hereby certify that I attended the deceased from* 10/30, 19 50, *to* 11/2, 19 50, *that I last saw the deceased alive on* 12/2, 19 50, *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) I. Vernon Mastin M.D.

23b. ADDRESS 3720 Washington Ave St Louis 8 Mo

23c. DATE SIGNED 11/2/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-5-1950

24c. NAME OF CEMETERY OR CREMATORY Shoal Creek Cem.

24d. LOCATION (City, town, or county) (State) Crawford Co. Mo.

DATE RECD BY LOCAL REGISTRAR NOV 6 1950 REG.

REGISTRAR'S SIGNATURE J B Sasaki

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Luther Sparks Peters Mo

(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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Murphy D. Sparks

Licensed Embalmer No. 4236

P. O. Address Ft. Lat River Mo

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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