

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Wilson **28670**
State File No. **324**
Registrar's No. **1010**

FILED AUG 30 1955

BIRTH NO. _____ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6178**

1. PLACE OF DEATH a. COUNTY SHANNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY SHANNON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Eminence		c. CITY OR TOWN W. EMINENCE	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 11425		e. STREET ADDRESS (If rural, give location) 1010	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION.			

3. NAME OF DECEASED (Type or Print)	a. (First) FANNIE	b. (Middle) EMALINE	c. (Last) GORE	4. DATE OF DEATH (Month) (Day) (Year) July 23-1955
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 4-1861	9. AGE (In years last birthday) 93	10. UNDER 1 YEAR Months 11 Days 20	11. UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Reynolds Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Wm. K. Johnston	13b. MOTHER'S MAIDEN NAME Ruth Jordan	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Sadie Wilson	ADDRESS Eminence Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardio-		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Renal Syndrome DUE TO (c) Age		
	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 442x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Feb**, 1953, to **July**, 1955, that I last saw the deceased alive on **7-23-**, 1955, and that death occurred at **2:45 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Dr. F. Wilson	(Degree or title)	23b. ADDRESS Eminence Mo	23c. DATE SIGNED 8-23-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE 7-25-55	24c. NAME OF CEMETERY OR CREMATORY MUNCEL CHAPEL	24d. LOCATION (City, town, or county) (State) EMINENCE, Mo.
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DATE REC'D BY LOCAL REG 8.29.55	REGISTRAR'S SIGNATURE Mabel Green	+47	25. FUNERAL DIRECTOR'S SIGNATURE DUNCAN'S Mt. View, Mo.	ADDRESS
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No. 300
10.48
1010
WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Joe C. Sunman*.....
Licensed Embalmer No. *432*.....
P. O. Address *St. Louis*.....

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.