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FILED JUL 12 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 20356

Registration District No. 276

Primary Registration District No. 5945

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Dillon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home at Dillon  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Life years, months or days)

3: (a) PRINT FULL NAME DAVID WILLIAM WISHON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 17 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 10 5 hr. min.

9. Birthplace Dillon, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Roy Wishon

13. Birthplace Phelps Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Murray

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Wishon  
(b) Address Dillon, Mo.

17. (a) Burial (b) Date thereof 6-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Null & Sons F. H.  
(b) Address Rolla, Missouri

19. (a) June 26, 48 (b) Cora E. Birmingham  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps  
(c) City or town Dillon  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from since birth, 19\_\_\_\_, to death, 19\_\_\_\_;  
that I last saw him alive on 6-22, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death congenital Foramen Ovale since birth

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. E. Feind (M. D. or other) \_\_\_\_\_  
Address Box 534 Rolla, Mo.

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

MOTHER FATHER

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed S. L. Nye

Licensed Embalmer No. 3397

P. O. Address Rolla 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.**