

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12109**

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

BIRTH NO.		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 2000	Registrar's No. 309
1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crane		
d. FULL NAME OF HOSPITAL OR INSTITUTION O'Reilly VA Hospital		d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print) a. (First) Cecil b. (Middle) Raymond c. (Last) Wilson, Jr.			4. DATE OF DEATH (Month) (Day) (Year) April 12, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 25, 1917	9. AGE (In years last birthday) 32 if UNDER 1 YEAR Days 2 if UNDER 24 HRS. Hours 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Auto Mechanic	11. BIRTHPLACE (State or foreign country) Crane, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Cecil R. Wilson		
13b. MOTHER'S MAIDEN NAME Ethel Curry		14. NAME OF HUSBAND OR WIFE Clarice Wilson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW Two		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Hospital Records, VAH, Springfield, 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) Acute generalized peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Appendicitis, acute. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 4-7-49 & 4-11-49		19b. MAJOR FINDINGS OF OPERATION 550		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>
22. I hereby certify that I attended the deceased from April 6, 1949 , to April 12, 1949 , that I last saw the deceased alive on April 12, 1949 , and that death occurred at 1:15 m., from the causes and on the date stated above.				
23a. SIGNATURE Paul L. Eisele		23b. ADDRESS O'Reilly VAH, Springfield, Mo.		23c. DATE SIGNED Mo
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/12/1949	24c. NAME OF CEMETERY OR CREMATORY Masonic	24d. LOCATION (City, town, or county) (State) Crane, Mo
DATE REC'D BY LOCAL REG. 4/13/49		REGISTRAR'S SIGNATURE W E Handley MD		25. FUNERAL DIRECTOR'S SIGNATURE Worman Schupp
				ADDRESS Springfield, Mo

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed L. Paulin Gorman

Signed _____
Student Embalmer

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.