

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32758

State File No.

FILED OCT 15 1949

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6151 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Elk Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>3</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>5 miles northwest of Catron</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles northwest of Catron</u>		e. STREET ADDRESS <u>5 miles northwest of Catron</u>	
3. NAME OF DECEASED a. (First) <u>Arthur</u> b. (Middle) <u>Lee</u> c. (Last) <u>Wilson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 21 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>March 28 1948</u>
9. AGE (In years last birthday) <u>2</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	11. BIRTHPLACE (State or foreign country) <u>Catron Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Catron Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Josie Wilson</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Josie Wilson Catron, Missouri.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, going rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tetanus</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 _____, 19____, to <u>Sept. 21, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. Gilbert</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Lilbourn Mo</u>	23c. DATE SIGNED <u>9-23-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 22 - 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Simmons Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Catron, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>10-5-1949</u>	REGISTRAR'S SIGNATURE <u>Valma J. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ponder Funeral Home, Lilbourn, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 10

RECEIVED

District Health Office No

District File Number 1049-

Date Filed

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.

Not Embalmed
Signed *Homer L. Ponder*

Signed.....
Student Embalmer

Licensed Embalmer No. 3367

P. O. Address Tilbourn, Mo

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

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