

FILED APR 3 1950

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

8355

State File No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 2000		Registrar's No. 281	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk			
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (If this place) 8 hrs		c. CITY (If outside corporate limits, write RURAL and give township) Baliuaz (Murray Township)		TOWN _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital				d. STREET ADDRESS (If rural, give location) 14 miles S.E. of Baliuaz			
3. NAME OF DECEASED (Type or Print) a. (First) Billy b. (Middle) Ann c. (Last) Wilson			4. DATE OF DEATH (Month) (Day) (Year) Mar 25 1950				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 9, 1927	9. AGE (In years last birthday) 22	10. UNDER 1 YEAR Months 8 Days 16	11. UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Librarian		10b. KIND OF BUSINESS OR INDUSTRY Library work Pleasant Hope, Missouri		11. BIRTHPLACE (State or foreign country) U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harold Cecil Wilson		13b. MOTHER'S MAIDEN NAME Zona Belle Clark		14. NAME OF HUSBAND OR WIFE Single			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or no record) None		16. SOCIAL SECURITY NO. 487-32-00877		17. INFORMANT'S SIGNATURE OR NAME H.P. The Wilson		ADDRESS Baliuaz 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured ribs DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Traumatic shock, fracture left femur				INTERVAL BETWEEN ONSET AND DEATH 10 hrs 8 1/2 2 1/2 10 hrs	
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Polk Co. Road #		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 10 miles no. of June of Polk Co. Rd. A + M Polk Mo.		094	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 24 50 6:50 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto accident - 2 car collision head-on			
22. I hereby certify that I attended the deceased from 3-24-50 to 3-25-50 , that I last saw the deceased alive on 3-25-50 , 1950, and that death occurred at 5:20 pm. , from the causes and on the date stated above.							
23a. SIGNATURE W.D. Duncan (Degree or title) M.D.				23b. ADDRESS Springfield Mo		23c. DATE SIGNED 3-25-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE Mar 29, 1950		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hope Cemetery		24d. LOCATION (City, town, or county) (State) Pleasant Hope, Mo.	
DATE REC'D BY LOCAL REG. 3-28-50		REGISTRAR'S SIGNATURE W.E. Handley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE William B. Brown ADDRESS Pleasant Hope, Mo.			

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
Student Embalmer

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.