

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17616

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Neosho</u>		c. LENGTH OF STAY (in this place) <u>2 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>609 W. McCord</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u> <u>0732</u>	
		d. STREET ADDRESS (If rural, give location) <u>609 W. McCord</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>S.</u>	c. (Last) <u>Wilson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1950</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 6 - 1867</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>minister</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Baptist</u>	11. BIRTHPLACE (State or foreign country) <u>Michigan</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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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>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H. D. Haxel</u> ADDRESS <u>609 W. McCord</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular Renal Disease</u> DUE TO (c) <u>Sclerotic and Parkinsonian Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>442X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 April 10, 1950, to May 8, 1950, that I last saw the deceased alive on May 7, 1950, and that death occurred at 2 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. E. Maness M.D.</u> (Degree or title)	23b. ADDRESS <u>Neosho Mo</u>	23c. DATE SIGNED <u>May 8 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 9 - 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cross Road Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Smackover Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>May 9, 1950</u>	REGISTRAR'S SIGNATURE <u>Debra C. Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark Bigham Mort.</u> ADDRESS <u>Neosho Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

132

RECEIVED

District Health Officer No. Newton County Health Dept.

District File Number 550-114

Date Filed MAY 16 1950

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 _____

Jesse P. Sullivan
Licensed Embalmer No. 4646

P. O. Address Wesley, 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.