S. No. 300
v. 10.48

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FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19518

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5143 Registrar's No. 264

1. PLACE OF DEATH
a. COUNTY: PoButlerluff
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff Twp
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff 0120 0
d. STREET ADDRESS (If rural, give location): Rt. # 4

3. NAME OF DECEASED (Type or Print)
a. (First): Alvin
b. (Middle): Dean
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): June 24 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant 0
8. DATE OF BIRTH: April 15 1949
9. AGE (In years last birthday): If under 1 year: Months 2, Days 9; If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poplar Bluff, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Woodrow Wilson
13b. MOTHER'S MAIDEN NAME: Berniece Jurles
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Woodrow Wilson
ADDRESS: Poplar Bluff 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pneumonia

DUE TO (c) Diarrhea type undet.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-5- *, 1949, to* 6-24 *, 1950, that I last saw the deceased alive on* 6-27 *, 1950, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Arthur C Parker
(Degree or title): MD
23b. ADDRESS: Poplar Bluff, Mo.
23c. DATE SIGNED: 6/29/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/27/50
24c. NAME OF CEMETERY OR CREMATORY: Ashcraft Cemetery
24d. LOCATION (City, town, or county) (State): Butler Co., Mo.

DATE REC'D BY LOCAL REG.: June 29-1950
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE: Greer Croy & Fitch
ADDRESS: Poplar Bluff Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DR. PARKER

RECEIVED
JUL 3 1958
BUTLER CO. HEALTH CENTER
FILE No. 750-284

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 Wallace N Fetch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff 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.