

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

17544

State File No.

No. 300
10-48

FILED MAY 27 1952

BIRTH NO. 380527 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> <u>0850</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u> c. LENGTH OF STAY (in this place) <u>9 hrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DeWitt Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u> <u>0810</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Duke</u> d. STREET ADDRESS (If rural, give location)	
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3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) (Type or Print) <u>Unnamed infant WILSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 7, 1952</u>				
5. SEX <u>Male</u> <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>---</u>	8. DATE OF BIRTH <u>May 6, 1952</u>	9. AGE (In years last birthday) <u>---</u>	10. MONTHS <u>---</u>	11. DAYS <u>---</u>	12. HOURS <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>---</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (State or foreign country) <u>Waynesville, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Wilford Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Zimmerman</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>---</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wilford Wilson</u> ADDRESS <u>Duke, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxemia due to atelectasis</u> (b) <u>Abrupt placenta praevia</u> (c) <u>---</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7615</u>	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) <u>1</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 May 7th, 1952, to May 8, 1952, that I last saw the deceased alive on May 7, 1952, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard E. Myers, D.D.S.</u>	23b. ADDRESS <u>Newburg, Mo.</u>	23c. DATE SIGNED <u>May 10-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> <u>0</u>	24b. DATE <u>May 9, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Watts Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Phelps County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>5-23-52</u>	REGISTRAR'S SIGNATURE <u>Paul E. Hull</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Hull</u> ADDRESS <u>Rolla, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-23-52
Pulaski County Health Officer
File Number
Date Filed 5-24-52

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 _____ Paul E. Mullen

Licensed Embalmer No. 4498

P. O. Address _____ Rolla, 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.