

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 5492 Registrar's No. 10

0410  
3

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>HARRISON</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL COLFAX</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eagleville</u>	
c. LENGTH OF STAY (in this place) <u>pond</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 M. N.E. Eagleville</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Everett</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 10, 1952</u>		
--	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec 16, 1939</u>	9. AGE (In years last birthday) <u>12</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>25</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL</u>	11. BIRTHPLACE (State or foreign country) <u>HARRISON COUNTY</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
---	---	--	--

13a. FATHER'S NAME <u>MAX E WILSON</u>	13b. MOTHER'S MAIDEN NAME <u>Grace A Hale</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MAX E. Wilson, Eagleville, Mo</u>	ADDRESS <u></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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiate.</u>		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) <u>drowning in pond.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) <u>E9291 42</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>041</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm pond</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1/2 mile N. Eastville Harrison Mo</u>
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	---	----------------------------------

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert R. Bowers Coronar 3</u>	23b. ADDRESS <u>Ridgeway mo</u>	23c. DATE SIGNED <u>June 10-52</u>
--	---------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 12, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ridgeway, Mo.</u>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>June 18-1952</u>	REGISTRAR'S SIGNATURE <u>S. P. Shaw 117</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gerald W. Bowers</u>	ADDRESS <u>Eagleville, Mo.</u>
--	---	--	--------------------------------

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

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 Gerald W. Boyzars

Licensed Embalmer No. 4762

P. O. Address Eagleville, 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.