.S. No. 300
ev. 10.48

FILED NOV 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41258

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 215

1003

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston,
c. LENGTH OF STAY (In this place): 3 Yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 108 Petty

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston, 1003 0
d. STREET ADDRESS (If rural, give location): 108 Petty St,

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

4. DATE OF DEATH (Month) Nov, (Day) 1 (Year) 1952

5. SEX: Male 2
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single V
8. DATE OF BIRTH: March 17, 1912
9. AGE (In years last birthday): 40 | If under 1 year: Months 7 Days 13 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Common Labor
11. BIRTHPLACE (City and State or Foreign Country): Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: Dock Wilson
13b. MOTHER'S MAIDEN NAME: Annie Lee Wilson
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: James Banks ADDRESS: Box 31 Armorel, Ark,.

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) Hemorrhage into Peritoneal Cavity — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gunshot wound in Abdomen — 20 min
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E981X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF ~~OPERATION~~ Coroner's Jury - See above
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Card Hall. Sunset
21c. (CITY, TOWN, OR TOWNSHIP): Sikeston (COUNTY): Scott (STATE): Mo
21d. TIME OF INJURY (Month) 11 (Day) 1 (Year) 52 (Hour) —
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 First, 19 Call, to after death, 19, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE: Helma C. Buckthorpe (Degree or title) M.D. Health Officer
23b. ADDRESS: Benton - Mo
23c. DATE SIGNED: 11-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-7-52
24c. NAME OF CEMETERY OR CREMATORY: Smith West End Court
24d. LOCATION (City, town, or county) (State): West of Sikeston, Mo.

DATE REC'D BY LOCAL REG.: 11-13-52
REGISTRAR'S SIGNATURE: Mrs. Ella Hunter
25. FUNERAL DIRECTOR'S SIGNATURE: Fred J. Smith ADDRESS: 1212 Maud St. Sikeston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 17 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 1152-319

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.