

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2610

2610

FILED FEB 13 1953

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>290</u> | | PRIMARY REG. DIST. NO. <u>443</u> | | Registrar's No. <u>19</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union</u> d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Wilson</u> | | 4. DATE OF DEATH (Month) <u>2</u> (Day) <u>2</u> (Year) <u>1953</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>11/21/1897</u> | | 9. AGE (In years last birthday) <u>55</u> | | 10. IF UNDER 1 YEAR Days <u>2</u> Hours <u>11</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>District Gang Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco Railroad</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>James W. Wilson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rebecca McConnis</u> | | 14. NAME OF HUSBAND OR WIFE <u>Dora Wilson</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u> | | 16. SOCIAL SECURITY NO. <u>X</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. H. Wilson, Dixon, Missouri</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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</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) | | 21f. HOW DID INJURY OCCUR? | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb 2</u> , 19 <u>53</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:45A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Billy J. J. Hedges</u> | | 23b. ADDRESS <u>Crocker Missouri</u> | | 23c. DATE SIGNED <u>2/4/53</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2/4/1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Stoutland Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Stoutland, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>2-4-53</u> | | REGISTRAR'S SIGNATURE <u>Fred H. Gilbert</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred H. Gilbert, Dixon, Missouri</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 2-7-53
File Number 2-4-53
Alaska County Health Officer

RECEIVED

FILED 6 1953

APR 7

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Maurice E. Schierbaum

Signed
Student Embalmer

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.