

FILED JUN 10 1953

STANDARD CERTIFICATE OF DEATH

State File No. 17227
Registrar's No. 232

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5735

1. PLACE OF DEATH a. COUNTY Butler 0120		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler 0120	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Ash Hill Township		c. CITY (If outside corporate limits, write RURAL and give township) Rural Ash Hill Township	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) Poplar Bluff, Mo. Rte. 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED a. (First) Ethel b. (Middle) May c. (Last) Wilson			4. DATE OF DEATH (Month) (Day) (Year) May 27, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 15, 1912		9. AGE (In years last birthday) 41
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME W. J. Dunning		13b. MOTHER'S MAIDEN NAME Josie Romines		14. NAME OF HUSBAND OR WIFE Joe Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Joe Wilson ADDRESS Poplar Bluff, Mo. E. 3	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			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) _____ DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 4201	
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 3, 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 3:30 A m., from the causes and on the date stated above.

23a. SIGNATURE Grover W Green (Degree or title)		23b. ADDRESS Poplar Bluff Mo		23c. DATE SIGNED 6/1-53	
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE May 29, 1953		24c. NAME OF CEMETERY OR CREMATORY Hornersville Cemetery		24d. LOCATION (City, town, or county) (State) Hornersville, Missouri	
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DATE REC'D BY LOCAL REG. 6/4/53		REGISTRAR'S SIGNATURE R. M. Miller		25. FUNERAL DIRECTOR'S SIGNATURE Bandess Funeral Home ADDRESS Campbell, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 8 1953
BUTLER CO. HEALTH CENTER
FILE No. _____

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.

Signed.....
Student Embalmer

Signed *Christina M. Landess*
Student Embalmer No.
Licensed Embalmer No. *4227*
P. O. Address *Campbell, 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.