

No. 300
10.48

50
1

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

FILED NOV 13 1953

STANDARD CERTIFICATE OF DEATH

State File No. 36412

BIRTH NO. _____ REG. DIST. NO. 397 PRIMARY REG. DIST. NO. 2276 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce City Mo</u>	
c. LENGTH OF STAY (In this place) <u>23 yrs</u>		0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Commercial St</u>		d. STREET ADDRESS (If rural, give location) <u>Commercial St</u>	

3. NAME OF DECEASED (Type or Print) <u>FELIX WILSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 8 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 16, 1893</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>France</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Judewa Wilson</u>		13b. MOTHER'S MARDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie R. Wilson</u>	
---	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	16. SOCIAL SECURITY NO. <u>493-20-6249</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jessie R. Wilson</u>		ADDRESS <u>Pierce City Mo</u>
--	--	---	--	-------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary occlusion</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		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) <u>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 Nov 8, 1953, to Nov 8, 1953, that I last saw the deceased alive on Nov 8, 1953, and that death occurred at 5:55A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles A. Spears, M.D.</u> (Degree or title)	23b. ADDRESS <u>Pierce City, Mo</u>	23c. DATE SIGNED <u>11-10-53</u>
---	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cat. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pierce City Mo</u>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>11-10-53</u>	REGISTRAR'S SIGNATURE <u>John Davis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Ben</u>	ADDRESS <u>Pierce City Mo</u>
--	---	--	-------------------------------

EMBALMER

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

Edwin Wilke

working under my personal supervision.

Student Embalmer No.

Signed

Edwin Wilke

Signed.....

Student Embalmer

Licensed Embalmer No. *4131*

P. O. Address *Pine City 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.