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FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11362

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 280

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give town) Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff	
c. LENGTH OF STAY (in this place) 11 years		d. STREET ADDRESS (If rural, give location) 509 Park Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 609 S. 5th St.			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM	b. (Middle) URBAN	c. (Last) WILSON	4. DATE OF DEATH (Month) (Day) (Year) 4/8/1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 8/3/1880	9. AGE (in years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Tennessee	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Nathan Wilson	13b. MOTHER'S MAIDEN NAME Amanda Hickman	14. NAME OF HUSBAND OR WIFE None
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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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Miss Vertis Wilson Jonesboro, Ark	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 3 yrs. 10 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1690 to 8 Apr, 1954 that I last saw the deceased alive on 30 Mar, 1954 and that death occurred at 2:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Amelia A. Post M.D.	23b. ADDRESS Poplar Bluff, Missouri	23c. DATE SIGNED 27 Apr 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/9/1954	24c. NAME OF CEMETERY OR CREMATORY Duck Creek Cemetary	24d. LOCATION (City, town, or county) (State) Puxico, Missouri
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DATE REC'D BY LOCAL REG. 4/20/54	REGISTRAR'S SIGNATURE R.H. Mueller	25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch	ADDRESS Poplar Bluff, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 3 1954

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Wallace N Fitch*

Licensed Embalmer No. *385-9*

P. O. Address *Peoria Ill 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.