No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11931

FILED MAY 10 1954

BIRTH NO. ____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5550 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: HOWELL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HOCOMO,
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X X

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: HOWELL
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HOCOMO, 0460
d. STREET ADDRESS (If rural, give location): R F D

3. NAME OF DECEASED (Type or Print)
a. (First): MARION
b. (Middle): MILO
c. (Last): WILSON

4. DATE OF DEATH (Month) (Day) (Year): 4-10-54

5. SEX: M
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 7-18-1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 8, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MARINE PACKER
10b. KIND OF BUSINESS OR INDUSTRY: NAVY
11. BIRTHPLACE (State or foreign country): ST. JOE, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: G. W. WILSON
13b. MOTHER'S MAIDEN NAME: MARY HAYES
14. NAME OF HUSBAND OR WIFE: ANNA WILSON,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: 491-10-8643
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: ANNA WILSON, WEST PLAINS, MO

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) Adenocarcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 6 months

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. Emaciation; Malnutrition 2 months

19a. DATE OF OPERATION: ?
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of Lung 163X
20. AUTOPSY? YES ☐ NO ☒

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): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
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* 4-10, 1954, *to* 4-10, 1954, *that I last saw the deceased alive on* 4-10, 1954, *and that death occurred at* 11:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack M. Wiles M.D.
23b. ADDRESS: West Plains, Mo
23c. DATE SIGNED: 4-20-54

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 4-13-54
24c. NAME OF CEMETERY OR CREMATORY: Amy Union
24d. LOCATION (City, town, or county) (State): Hocomo, Missouri

DATE REC'D BY LOCAL REG.: 5-3-54
REGISTRAR'S SIGNATURE: Beatrice Cook 379
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Robertsons, West Plains, Mo

(Licensed Embalmer's Statement on Reverse Side)

AUG 17 1954

FEB 4 1955

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 D D Robertson

Licensed Embalmer No. 3437

P. O. Address West Plains

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.