

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15250**

FILED MAY 19 1954

No. 300  
10.48

BIRTH NO. _____		REG. DIST. NO. <b>1074</b>		PRIMARY REG. DIST. NO. <b>5272</b>		Registrar's No. <b>22</b>					
1. PLACE OF DEATH a. COUNTY <b>CHRISTIAN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>				b. COUNTY <b>CHRISTIAN</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"RURAL" POLK</b>			c. LENGTH OF STAY (in this place) <b>8 MONTHS</b>	c. CITY OR TOWN <b>"RURAL" POLK</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>				e. STREET ADDRESS (If rural, give location) <b>RT. # 2, BILLINGS</b>				<b>0220</b>			
3. NAME OF DECEASED (Type or Print)			a. (First) <b>WOODY</b>	b. (Middle) <b>EUGENE</b>		c. (Last) <b>WILSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 11-1954</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>JUNE 25-1942</b>		9. AGE (In years last birthday) <b>11</b>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Days	if UNDER 4 HRS. Hours	if UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (City and State or Foreign Country) / <b>LAWRENCE, KANSAS</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>DON E. WILSON</b>			13b. MOTHER'S MAIDEN NAME <b>MARGARET RUPRECHT</b>			14. NAME OF HUSBAND OR WIFE <b>NONE</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>DON E. WILSON, RT. 2, BILLINGS, MO.</b>						
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <b>11-21-53</b>	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sarcoma</b>							
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized metastasis</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)						
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 <b>11-21</b> , 19 <b>53</b> to <b>5-11</b> , 19 <b>54</b> that I last saw the deceased alive on <b>5-11</b> , 19 <b>54</b> and that death occurred at <b>6:35 A.M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>A.C. Mitchell M.D.</b>					23b. ADDRESS <b>Republic, Mo</b>			23c. DATE SIGNED <b>5-11-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 13-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>KING HILL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>THAYER, MISSOURI</b>						
DATE REC'D BY LOCAL REG. <b>5-12-54</b>		REGISTRAR'S SIGNATURE <b>Oliver Hutter</b>			508		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John Dean Harris, Clever, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed.....  
*John Rean Harris*

Licensed Embalmer No.....*439*

P. O. Address.....*Clever, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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