

FILED MAY 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17651

State File No. _____

030
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>338</u>		PRIMARY REG. DIST. NO. <u>4501</u>		Registrar's No. <u>64</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY OR TOWN <u>Bloomfield</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Bloomfield</u> <small>(If outside corporate limits, write RURAL and give township)</small>		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u> <small>(If not in hospital or institution, give street address or location)</small>				d. STREET ADDRESS <small>(If rural, give location)</small>			
3. NAME OF DECEASED <small>(Type or Print)</small> a. (First) <u>WILLIAM</u>		b. (Middle) <u>J.</u>		c. (Last) <u>WILSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 27, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 17, 1874</u>		9. AGE (in years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Crop farming</u>		11. BIRTHPLACE (State or foreign country) <u>Near Bloomfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>John W. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Bess</u>		14. NAME OF HUSBAND OR WIFE <u>Thiodocia Wilson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elgie Laws (Dau.)</u>		ADDRESS <u>Bloomfield, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u> <u>EXTENSIVE CANCEROUS INVOLVEMENT LEFT ORBITAL CAVITY - (PRIMARY)</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <small>Conditions contributing to the death but not related to the disease or condition causing death.</small>					INTERVAL BETWEEN ONSET AND DEATH <u>2 YRS.</u> 80 MIN.	
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)	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 <u>4-27, 1954</u> to <u>4-27, 1954</u> , that I last saw the deceased alive on <u>4-27, 1954</u> and that death occurred at <u>2 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Bloomfield</u>		23c. DATE SIGNED <u>5-3-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 30, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bluff cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May 5, 1954</u>	REGISTRAR'S SIGNATURE <u>Claudine Hillman</u> <u>497</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHILES UND.CO. Bloomfield, Mo.</u>				

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, & by Mrs. Lulu

Cooper #3499

working under my personal supervision.

1/13/06 No.

Signed Juan B. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.