

STANDARD CERTIFICATE OF DEATH

22438

State File No.

FILED AUG 12 1954

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5273 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Christian	
b. CITY OR TOWN "Rural" Porter		c. LENGTH OF STAY (In this place) 7 Mos.	c. CITY OR TOWN Rt. 1, Nixa 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 Residence		e. STREET ADDRESS (If rural, give location) "Rural" Porter	

3. NAME OF DECEASED (Type or Print) WILLIAM SYLVESTER WILSON			4. DATE OF DEATH August 1-1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 15-1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and State or Foreign Country) Jackson Co., Illinois		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Abner M. Wilson	13b. MOTHER'S MAIDEN NAME Sydney Bower	14. NAME OF HUSBAND OR WIFE Byrda Wilson
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. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Byrda Wilson, Rt. 1, Nixa, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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 2-23, 1954, to 8-1, 1954, that I last saw the deceased alive on 7-26, 1954, and that death occurred at 8:15 p m., from the causes and on the date stated above.

23a. SIGNATURE Harold Kroffter DO	23b. ADDRESS Nixa, Mo.	23c. DATE SIGNED 8-6-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 4-1954	24c. NAME OF CEMETERY OR CREMATORY Jones Cemetery
		24d. LOCATION (City, town, or county) (State) Christian Co., Missouri

DATE REC'D BY LOCAL REG. Aug. 6-1954	REGISTRAR'S SIGNATURE Oliver Hutter	508	25. FUNERAL DIRECTOR'S SIGNATURE John Dean Harris	ADDRESS Clever, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Alan Harris*

Licensed Embalmer No. *4396*

P. O. Address *Cleveland, Ohio*

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.