

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23938

State File No.

FILED AUG 2 - 1954		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 277	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 8 days		c. CITY OR TOWN Otterville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				e. STREET ADDRESS (If rural, give location) Rural Route 1 02701			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) WILLIAM		c. (Last) WILSON		4. DATE OF DEATH (Month) (Day) (Year) July 23, 1954	
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 21, 1889		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Dresden, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Wilson		13b. MOTHER'S MAIDEN NAME Rebecca		14. NAME OF HUSBAND OR WIFE Nadine Hayes Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War I none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nadine Wilson, Otterville, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction, Jejunum Volvulus of Jejunum. 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. Cholecystitis Acute INTERVAL BETWEEN ONSET AND DEATH 48 hrs 5705 1 week					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Volvulus of Jejunum, Cholecystitis Acute.				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 16 July, 1954, to 23 July, 1954, that I last saw the deceased alive on 23 July, 1954, and that death occurred at 11:10 a.m. on the causes and on the date stated above.							
23a. SIGNATURE P. V. Siegel MD (Degree or title)		23b. ADDRESS Smithton Mo		23c. DATE SIGNED 7/24/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/26/54		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Otterville, Missouri	
DATE REC'D BY LOCAL REG. 7/26/54		REGISTRAR'S SIGNATURE Leona Coontz ap		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		Shane Ewing Sedalia, Mo.	

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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

Richard Ewing

Licensed Embalmer No. *380*

P. O. Address *Idaho*

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.