

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24041**

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 85			
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville, Mo		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Waynesville, Mo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION None				e. STREET ADDRESS (If rural, give location) None					
3. NAME OF DECEASED (Type or Print) a. (First) Sandra		b. (Middle) Jean		c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) Aug. 1, 1954			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH (In years last birthday) April 3, 1952			
9. AGE (In years last birthday) 2		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Crocker, Missouri			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Earl Clayton Wilson		13b. MOTHER'S MAIDEN NAME Flora Alberta Tryant		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Earl Clayton Wilson ADDRESS Waynesville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) RESPIRATORY FAILURE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Convulsions DUE TO (c) Upper Respiratory Infection with High Fever. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 hours 12 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 475X				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) (Min.)		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 AUG 1, 1954 , to _____, 19____, that I last saw the deceased alive on AUG 1, 1954 , and that death occurred at 5:45 m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John A. Mikalovich, M.D.				23b. ADDRESS Crocker, Missouri		23c. DATE SIGNED 8-2-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug/3/54		24c. NAME OF CEMETERY OR CREMATORY Waynesville Memorial		24d. LOCATION (City, town, or county) (State) Waynesville, Missouri			
DATE REC'D BY LOCAL REG. 8-2-54		REGISTRAR'S SIGNATURE Paula Mae Anderson		25. FUNERAL DIRECTOR'S SIGNATURE W. Hedges ADDRESS Hedges Funeral Home, Wayneville, Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-8-54
Pulaski County Health Officer
File Number
Date Filed 8-7-54

AUG 11 1954

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 Clarence Shoss

Licensed Embalmer No. 4896

P. O. Address Waynesville

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.