

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3019 State File No. 30214

BIRTH NO.		REG. DIST. NO. 108-107		PRIMARY REG. DIST. NO. 5428		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give township) Kennett		c. LENGTH OF STAY (In this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) Senath		d. STREET ADDRESS (If rural, give location) 0351	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Dunklin Co. Memorial Hosp.							
3. NAME OF DECEASED (Type or Print) a. (First) WILLIE b. (Middle) JAMES c. (Last) WILSON			4. DATE OF DEATH (Month) (Day) (Year) April 12, 1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 5/6/1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months II Days 6	IF UNDER 4 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Wilson		13b. MOTHER'S MAIDEN NAME Elizabeth Lane		14. NAME OF HUSBAND OR WIFE None			
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 Mr. J.A. Wilson, Senath, Missouri			
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) Laryngeal Carcinoma with metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastases DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 161 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Aug 1950 , to Apr 12, 1954 , that I last saw the deceased alive on Apr 12, 1954 , and that death occurred at 12:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Edward M. Naylor Jr.				23b. ADDRESS Senath, Mo.		23c. DATE SIGNED Sept 23, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/13/1954	24c. NAME OF CEMETERY OR CREMATORY Cardwell Cemetery		24d. LOCATION (City, town, or county) (State) Cardwell, Dunklin, Missouri		
DATE REC'D BY LOCAL REG. 9/23/54		REGISTRAR'S SIGNATURE Mrs. J.H. Lane		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heath Funeral Home, Paragould, Ark.			

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
Student Embalmer

Signed Walter L. Heath
.....
Licensed Embalmer No. 543

P. O. Address PARAGOULD, ARK.

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.