

34594

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 8 - 1954

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>5710</u>		Registrar's No. <u>286</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin</u>		c. LENGTH OF STAY (in this place) <u>Lingo</u> <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin</u> <u>0.580</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East, on Highway #36</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Leone</u>		b. (Middle)		c. (Last) <u>Wilson</u>		Month (Day) (Year) <u>Oct. 21, 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>May 24, 1915</u>	
9. AGE (In years last birthday) <u>39</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>27</u>		IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tank wagon operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil & Gasoline</u>		11. BIRTHPLACE (State or foreign country) <u>New Boston, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Randolph Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Ollie Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Lucille Wilson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>711-12-4634</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nile Wilson, Bucklin, Mo.</u>			
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) <u>Fractured Skull</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (b) <u>Broken R. Leg, Arm & Hips. Auto Accident.</u> 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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Lingo</u> (COUNTY) <u>061</u> (STATE) <u>Macon</u> <u>110</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 21, 54 11:45 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Sitting on Pavement.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:52 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lester Sutton, Coroner</u>				23b. ADDRESS <u>Macon, Mo.</u>		23c. DATE SIGNED <u>Oct. 22, 54</u>	
24a. FUNERAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct. 24, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Baker Twp., Linn Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/22/1954</u>		REGISTRAR'S SIGNATURE <u>Paul M. Neely, 195</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Larson Funeral Service, Bucklin, Mo.</u> <u>By: C. A. Larson</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10.48

