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FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39366**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10312**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY OR TOWN St. Louis, Missouri	c. LENGTH OF STAY (in this place) 2 mos	c. CITY OR TOWN Rossley Crossley	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 3517 North 11th Street.		f. STREET ADDRESS (If rural, give location) 0620	

3. NAME OF DECEASED (Type or Print) David Dan Wilson	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH November 12 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 29, 1886	9. AGE (in years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hour	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and State or Foreign Country) Ponder, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME David Lewis Wilson	13b. MOTHER'S MAIDEN NAME Sarah Beal	14. NAME OF HUSBAND OR WIFE Elizabeth Wilson
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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. N11 493-28-1773	17. INFORMANT'S SIGNATURE OR NAME Elizabeth Wilson	ADDRESS 3517 North 11th St.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 7/11/54	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION	DUE TO (b) CARDIAC INSUFFICIENCY		1 YEAR
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 7/11/54	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 4201

22. I hereby certify that I attended the deceased from **SEPT 1, 1954**, to **Nov 11, 1954**, that I last saw the deceased alive on **Nov 11, 1954**, and that death occurred at **12:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E E King	(Degree or title) MO	23b. ADDRESS 2114 E Grand	23c. DATE SIGNED 12 Nov 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-12-54	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Doniphan, Missouri.
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DATE REC'D BY LOCAL REG. NOV 13 1954	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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 *Robert M. Murray*

Licensed Embalmer No. *37491*

P. O. Address *St. Louis*

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.