

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41963

State File No.

FILED JAN 7 1955

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Pike</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Pike</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>	c. CITY OR TOWN <u>Bowling Green</u>		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: <u>PIKE Co. Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>0820</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u> b. (Middle) <u>Augustus</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 23 1954</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED (Specify)) <u>Widowed</u>	8. DATE OF BIRTH <u>May 28 1876</u>		9. AGE (In years last birthday) <u>78</u>	If UNDER 1 YEAR Months <u>6</u> Days <u>23</u>	If UNDER 1 YEAR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTH PLACE (City and State or Foreign Country) <u>Montgomery Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>John Wilson</u>		13b. MOTHER'S MATHEN NAME <u>Miss Bacon</u>		13c. NAME OF HUSBAND OR WIFE <u>Grata Wilson</u>	
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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) <u></u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>O. A. Wilson Jr. Jerusalem, Ill</u>	
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post-operative pneumonia and myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Intestinal Obstruction</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 wks.</u>
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19a. DATE OF OPERATION <u>12-20-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adhesions Causing obstruction</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5705</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>	
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22. I hereby certify that I attended the deceased from 12-9, 1954, to 12-23, 1954, that I last saw the deceased alive on 12-22, 1954, and that death occurred at 5:27A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Bernice Collier M.D.</u>		23b. ADDRESS <u>Louisiana, Missouri</u>		23c. DATE SIGNED <u>12-28-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 24 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>	24d. LOCATION (City, town, or county) (State) <u>Bowling Green MO</u>		
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DATE REC'D BY LOCAL REG. <u>Dec 28 1954</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier 374</u>	25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>Grace Bankhead Bowling Green Mo</u>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Harold C. Kins*.....

Licensed Embalmer No. *459*.....

P. O. Address *Banning*.....

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.