

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1709

State File No.

FILED JAN 10 1955

Registrar's No. 3-55

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Noel</u>		c. CITY OR TOWN <u>Southwest City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 wks.</u>		STREET ADDRESS (If rural, give location) <u>City 06000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fountain Clinic</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Victoria</u> b. (Middle) <u>C.</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-1-55</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>Feb. 14, 1872</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>State of Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>James H. Thornhill</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Lewis</u>	14. NAME OF HUSBAND OR WIFE <u>David S. Wilson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u> (If yes, give year or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jim Wood Southwest City Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post traumatic shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured hip</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>2 weeks</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Mo</u>
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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?
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22. I hereby certify that I attended the deceased from Dec 15, 1954, to Jan 1, 1955, that I last saw the deceased alive on Jan 1, 1955, and that death occurred at 8:21 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Fountain D.O.</u>	23b. ADDRESS <u>Noel, Mo</u>	23c. DATE SIGNED <u>Jan 3 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-3-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sulphur Springs, Ark.</u>
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DATE REC'D BY LOCAL REG. <u>1-3-55</u>	REGISTRAR'S SIGNATURE <u>Wayne Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. M. Humphrey Jr. Noel, Mo.</u>
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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. 4708

working under my personal supervision..

Student ✓,
Signature of Student Embalmer

Signed J. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel 71

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.