

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9823

State File No.

FILED APR 16 1956

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>Marion.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe.</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Hannibal, Missouri.</u>	c. LENGTH OF STAY (in this place) <u>16 Days</u>	c. CITY OR TOWN <u>Santa Fe, Missouri</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital.</u>		e. STREET ADDRESS (If rural, give location) <u>Santa Fe, Missouri.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>H.</u> c. (Last) <u>Wilson.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1956.</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>Aug 29, 1921</u>	9. AGE (in years) (last birthday) <u>34</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garage</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Santa Fe, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>J.C. Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Lula Iman</u>	14. NAME OF HUSBAND OR WIFE <u>Alberta Wilson.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or date of service) <u>World war #2</u>	16. SOCIAL SECURITY NO. <u>495-18-7453</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Alberta Bailey. Santa Fe, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Bronchial.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intestinal obstruction</u>		<u>6 days.</u>
	DUE TO (c) <u>Perforated duodenal ulcer</u>		<u>13 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pelvic abscess</u>			<u>6 days.</u>

19a. DATE OF OPERATION <u>3/15/56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Perforated ulcer - Repair - Intestinal obstruction - Colonic ileum</u>	20. AUTOPSY? YES <input checked="" 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 March 19, 1956, to March 31, 1956, that I last saw the deceased alive on March 31, 1956, and that death occurred at 6:00 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert J. Lanning M.D.</u>	23b. ADDRESS <u>Hannibal, Missouri.</u>	23c. DATE SIGNED <u>3-31-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-3-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lickcreek Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Perry, Missouri.</u>		

DATE REC'D BY LOCAL REG. <u>4-7-56</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke By W.C. Clark</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Perry, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 13 1956
MARION CO. HEALTH DEPT.
DATE FILED APR 13 1956

APR 27 1956

APR 30 1957

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 *Elyse Michien*

Licensed Embalmer No. 38

P. O. Address ... PERRY, MIS

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.