

STANDARD CERTIFICATE OF DEATH

State File No. **25710**

FILED JUL 20 1956

BIRTH NO. 43504-56		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 6115		Registrar's No. 187	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Mo b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give name) OR TOWN Rt 4 Richlandtop		c. LENGTH OF STAY (in this place) 4 weeks		c. CITY OR TOWN Sikeston		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt 4 Sikeston				e. STREET ADDRESS (If rural, give location) Rt 4			
3. NAME OF DECEASED (Type or Print)		a. (First) Michael		b. (Middle) Andrew		c. (Last) Wilson	
4. DATE OF DEATH		(Month) 7		(Day) 12		(Year) 1956	
5. SEX Male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 6-12-1956	
9. AGE (in years last birthday) 8		IF UNDER 1 YEAR Months 1		IF UNDER 24 HRS. Days 1		Hours 1 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Sikeston Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harley Wilson			13b. MOTHER'S MAIDEN NAME Mattie Russell			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Harley Wilson ADDRESS Sikeston Mo			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Gastro-enteritis				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) Malnutrition due to in- Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) ability to retain food.					
		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)		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?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on July 12, 1956 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE J. J. O'Dell, M.D. (Degree or title)			23b. ADDRESS Oran, Mo.			23c. DATE SIGNED 7/13/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-15-1956		24c. NAME OF CEMETERY OR CREMATORY Plainville Cemetery		24d. LOCATION (City, town, or county) (State) Plainville, Missouri	
DATE REC'D BY LOCAL REG. 7-16-56		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Funeral Home Sikeston Mo. ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

4297

DATE RECEIVED JUL 16 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 756-153

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 *[Signature]*

Licensed Embalmer No. 7696

P. O. Address E. Prairie, Mo.

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.