

FILED NOV 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34737

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY McDonald Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY Delaware	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Noel		c. CITY OR TOWN Jay	
c. LENGTH OF STAY (In this place) 10 days		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 McDonald Co. Hospital		e. STREET ADDRESS (If rural, give location) 4 miles East of Jay RR 1 83 8	
3. NAME OF DECEASED a. (First) Thomas b. (Middle) Edward c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) 3 29th October 1956	
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 3rd Sept 1865
9. AGE (In years last birthday) 91		10. MONTHS 1	11. YEAR 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer on own		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and State or Foreign Country) 0 Springfield, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thomas Payne Wilson	
13b. MOTHER'S MAIDEN NAME Nancy Ellen Call		14. NAME OF HUSBAND OR WIFE Ada Glenn Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Thomas Wilson R. R. 1 Jay, Oklahoma		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Cardiac Decomposition 48 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocarditis DUE TO (c) Pneumonitis 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"/>		492X	
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) (Minute)	
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 Oct 1, 1956, to Oct 29, 1956, that I last saw the deceased alive on Oct 29, 1956, and that death occurred at 3:40 AM, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R D Fountain J O 2		23b. ADDRESS Noel Mrs	
23c. DATE SIGNED Oct 29, 1956		24a. BURIAL, CREMATION, REMOVAL (Specify) removal	
24b. DATE 10-29-56		24c. NAME OF CEMETERY OR CREMATORY Mt. Herman Cemetery Delaware Co near Jay Oklahoma	
24d. LOCATION (City, town, or county) (State) Jay, Oklahoma		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE REC'D BY LOCAL REG. 11-2-56		REGISTRAR'S SIGNATURE Mayme Humphrey	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Jay, Oklahoma	

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.