V.S. No. 300
REV. 10.48

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37287

BIRTH NO. 57036-56 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 12

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1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enroute to St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
d. STREET ADDRESS (If rural, give location): 527 Amethyst St.

0164

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Astin
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): November 18, 1956

5. SEX: Male
6. COLOR OR RACE: Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 3, 1956
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months: 1 Days: 15
IF UNDER 24 HRS.: Hours: Min.:
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): Cape Girardeau, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Walter A. Wilson
13b. MOTHER'S MAIDEN NAME: Mildred Johnson
14. NAME OF HUSBAND OR WIFE: ———
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ———
(If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: ———
17. INFORMANT'S SIGNATURE OR NAME: Walter A. Wilson
ADDRESS: 527 Amethyst, Cape Gir. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

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: 493X
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3 Oct, 1956, *to* 14 NOV., 1956, *that I last saw the deceased alive on* 14 NOV, 1956 *and that death occurred at* 4:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: James A. Kinder (Degree or title) M.D.
23b. ADDRESS: Cape Girardeau MO.
23c. DATE SIGNED: 19 NOV. 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 19, 1956
24c. NAME OF CEMETERY OR CREMATORY: Fairmont Cemetery
24d. LOCATION (City, town, or county) (State): Cape Girardeau, Missouri

DATE REC'D BY LOCAL REG.: 11-21-56
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: Chas. F. J. Sparks
ADDRESS: Cape Girardeau, Mo.

(Licensed Embalmer's Statement on Reverse Side)

44-0

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. This body was not embalmed.

Student .....
Student Embalmer

Signed Lewis Shelby Jr.

Licensed Embalmer No. 4940

P. O. Address Lost Springs 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 this body is not embalmed, fact should be so stated above.