S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38924

FILED NOV 27 1956

BIRTH NO. 783-97-57 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville
c. LENGTH OF STAY (in this place): 4 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cooke Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: X
b. COUNTY: X
c. CITY OR TOWN: X
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): X

0780

3. NAME OF DECEASED (Type or Print): a. (First) Lee b. (Middle) Roy c. (Last) Wilson, Jr.

4. DATE OF DEATH (Month) (Day) (Year): Nov. 11, 1956

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Nov. 11, 1956
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): X
10b. KIND OF BUSINESS OR INDUSTRY: X
11. BIRTHPLACE (City and State or Foreign Country): Caruthersville, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Lee Roy Wilson
13b. MOTHER'S MAIDEN NAME: Wilzetta Harston
14. NAME OF HUSBAND/OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: Lee Roy Wilson ADDRESS: Wardell, Mo.

MEDICAL CERTIFICATION

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) Congenital Heart Disease (Blue Baby) — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

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.* Bilateral Talipes Varus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 7544
20. AUTOPSY? YES ☐ 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* 11 November, 1956, *to* 11 Nov, 1956, *that I last saw the deceased alive on* 11 Nov, 1956 *and that death occurred at* 10 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Fulbooke MD (Degree or title)
23b. ADDRESS: Caruthersville, Mo
23c. DATE SIGNED: 11/15/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-11-56
24c. NAME OF CEMETERY OR CREMATORY: Homestown
24d. LOCATION (City, town, or county) (State): Wardell, Mo.

DATE REC'D BY LOCAL REG.: Nov 15, 1956
REGISTRAR'S SIGNATURE: Dressie B. Wilkes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Osburn Funeral Home, Wardell, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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11-302-56

NOV 26 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79.
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal
by me, or by Body Was Not Embalmed, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James G. Sabun
Licensed Embalmer No. 4185
P. O. Address Wardell, Mo

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