

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36792**BIRTH NO. **74428-49** REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **145**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Kennett		c. LENGTH OF STAY (in this place) 27 hours	
c. CITY (If outside corporate limits, write RURAL and give township) Portageville		d. STREET ADDRESS (If rural, give location) Route # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Presnell Hospital			
3. NAME OF DECEASED a. (First) Freddie b. (Middle) Jo c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) November 9, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH October 13, '49
9. AGE (In years last birthday) 27		IF UNDER 1 YEAR Months 27 Days 0 Hours 0 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 (State or foreign country) Portageville, Missouri	
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charlie Doss Wilson		13b. MOTHER'S MAIDEN NAME Zella Lulla Bruce	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. MO	
17. INFORMANT'S SIGNATURE OR NAME C. D. Wilson		ADDRESS Portageville,	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acidosis Pyloric obstruction		INTERVAL BETWEEN ONSET AND DEATH 4 weeks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) congenital malformation		7560	
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	
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 11-8 , 19 49 , to 11-9 , 19 49 , that I last saw the deceased alive on 11-9 , 19 49 , and that death occurred at 2:50 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Joe A. Zimmerman, M.D.		23b. ADDRESS Kennett Missouri	
23c. DATE SIGNED 9 Nov. 49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-10-1949	
24c. NAME OF CEMETERY OR CREMATORY Hayti Cemetery		24d. LOCATION (City, town, or county) (State) Hayti, Mo.	
DATE REC'D BY LOCAL REG. Nov 23-1949		REGISTRAR'S SIGNATURE Carl H. ...	
25. FUNERAL DIRECTOR'S SIGNATURE Valhalla Funeral Home		ADDRESS Hayti Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 28 1914

RECEIVED

District Health Office No. 2

District File Number 1149-12

Date Filed _____

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
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 this body is not embalmed, fact should be so stated above.