

FILED NOV 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1022

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hollister</u>	
c. LENGTH OF STAY (In this place) <u>12 hours</u>		d. STREET ADDRESS (If rural, give location) <u>No street address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Carolyn</u> b. (Middle) <u>Ruth</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 21, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb. 5, 1947</u>
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Harrison, Arkansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>D. C. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Carolyn Robinson</u>	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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr D C Wilson, Hollister, Mo.</u>
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) <u>Congenital heart disease</u> 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. <u>upper respiratory infection</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
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) <u>Springfield, Greene, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 <u>11-20-1949</u> , to <u>11-21-1949</u> , that I last saw the deceased alive on <u>11-21</u> , 1949, and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul J. Busick M.D.</u>		23b. ADDRESS <u>1035 E Walnut Springfield, Mo</u>	23c. DATE SIGNED <u>11-22-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov 21, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Berryville, Arkansas</u>
DATE REC'D BY LOCAL REG. <u>11-25-49</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Lohmeyer, Springfield Mo</u>	

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

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**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.

Signed.....  
Student Embalmer

Signed *Julian R. Goodwin*

Licensed Embalmer No. *4562*

P. O. Address *Shirleybeal*

**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.