

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1950

BIRTH NO. _____		REG. DIST. NO. <u>197</u>		PRIMARY REG. DIST. NO. <u>5509</u>		Registrar's No. <u>15</u>			
1. PLACE OF DEATH a. COUNTY <u>Herry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebraska</u> b. COUNTY <u>Cass</u>					
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>40 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Murray</u>		<u>8260</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P.H. Co. - Deer Creek Twp.</u>				d. STREET ADDRESS (If rural, give location) <u>in Murray</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>ABSOLUM</u> c. (Last) <u>WILSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6, 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 25, 1868</u>		9. AGE (in years, last birthday) <u>81</u>		IF UNDER 1 YEAR Month <u>3</u> Day <u>11</u>		IF UNDER 4 HRS. Hour <u>11</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Gwynny, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John T. Wilson</u>			13b. MOTHER'S MAIDEN NAME <u>Winters</u>			14. NAME OF HUSBAND OR WIFE <u>Wayne W. Wilson</u>			
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 <u>Wayne W. Wilson</u>		ADDRESS <u>Clinton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</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.					INTERVAL BETWEEN ONSET AND DEATH <u>5 MIN.</u>		
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) <u>NO</u>		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)		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>Oct.</u> , 19 <u>49</u> , to <u>Jan.</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>DEC. 15, 1949</u> , and that death occurred at <u>7:05 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD.</u>				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>7 Jan. 1950</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 7, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clinton Community Center</u>		24d. LOCATION (City, town, or county) (State) <u>Plattsmouth, Neb.</u>			
DATE REC'D BY LOCAL REG. <u>Jan-15-50</u>		REGISTRAR'S SIGNATURE <u>Florence Odum</u>		FUNDING DIRECTOR'S SIGNATURE <u>H. L. Tanscut</u>		ADDRESS <u>Clinton, Mo.</u>			

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

RECEIVED
District Health Officer No. 7,
District File Number 1249-1997
Date Filed 1-24-50

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 W. J. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.