

FILED MAY 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12730

5506 State File No.  
3022 Registrar's No. 115

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clinton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clinton</b> <b>0420.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RR#2 North Washington</b>		d. STREET ADDRESS (If rural, give location) <b>RR#2 North Washington</b> <b>0</b>	

3. NAME OF DECEASED (Type or Print) <b>Viola Wilson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 26 1950</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>10-14-1912</b>	9. AGE (In years last birthday) <b>37</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b> <b>0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>William Kindred</b>		13b. MOTHER'S MAIDEN NAME <b>Lula Richerson</b>		14. NAME OF HUSBAND OR WIFE <b>Preston Wilson</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Preston Wilson</b> <b>RR#2</b>				ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>GUNSHOT WOUND CHEST</b>	ANTECEDENT CAUSES					<b>E 976X</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
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"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>SUICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Clinton Henry Mo.</b>			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>April 26 1950 9A.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Self inflicted gunshot</b>			
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh B. Walker, MD<sup>3</sup> Coroner</b>		23b. ADDRESS <b>Clinton, Mo.</b>		23c. DATE SIGNED <b>27 April 1950</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 29, 50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood</b>	24d. LOCATION (City, town, or county) (State) <b>Clinton, Missouri</b>		
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DATE REC'D BY LOCAL REG. <b>April 29-50</b>	REGISTRAR'S SIGNATURE <b>Florence Adair</b> <b>422</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J.E. Gonsalves</b>	ADDRESS <b>Clinton, Mo.</b>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

420

MAY 18 1950

RECEIVED - 5-1-50

District Health Officer No. 71

District File Number 4-50-452

Date Filed 5-1-50

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

J. E. Consoled

Licensed Embalmer No. 1891

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.