

FILED MAY 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17590

BIRTH NO. 35678-50 REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 4353 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>0721</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lideon</u>		c. LENGTH OF STAY (In this place) <u>Life time</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0721</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hopkins Clinic</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>KENNETH</u> b. (Middle) <u>EARL</u> c. (Last) <u>WILSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-5-50</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>5-5-50</u>		9. AGE (In years last birthday) <u>1</u> <u>20</u> <u>1</u> <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>0</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>	11. BIRTHPLACE (State or foreign country) <u>Lideon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>

13a. FATHER'S NAME <u>Ray Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Joan Marlow</u>		14. NAME OF HUSBAND OR WIFE <u>0</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cobie Marlow Postageville, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>0</u>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				7762
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>0</u>	19b. MAJOR FINDINGS OF OPERATION <u>0</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0</u>			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>0</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>0</u>			
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22. I hereby certify that I attended the deceased from 5-5-1950, to 5-5-1950, that I last saw the deceased alive on 5-5-1950, and that death occurred at 11:35 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Hopkins, M.D.</u>		23b. ADDRESS <u>Lideon, Mo.</u>		23c. DATE SIGNED <u>5/5/50</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Postageville, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Postageville, Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>5-10-50</u>	REGISTRAR'S SIGNATURE <u>Mrs. Byron Sharp</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jimmy Osburn Wardell, Mo.</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

121
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RECEIVED MAY 12 1955
MAY 12 1955
District Health Office No. 2
District File Number 550-30
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 _____

Not Embalmed

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.