

FILED JUN 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21735

21735

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2393

1. PLACE OF DEATH a. COUNTY <u>St Louis</u> County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Highway 21 in Rt to hosp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Potosi</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veteran hospital</u>		d. STREET ADDRESS (If rural, give location) <u>-----</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>	b. (Middle) <u>Cowell</u>	c. (Last) <u>Wilson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>9</u> <u>1951</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>4-9-1933</u>	9. AGE (In years) (If under 1 year, specify) (If under 24 hours, specify) <u>18</u> <u>2</u> <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>service stat</u>	11. BIRTHPLACE (State or foreign country) <u>Shirley. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Dewey Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Hallie Gilliam</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>488-34-2461</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dewey Wilson</u> ADDRESS <u>Potosi. Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured skull and multiple abrasions &amp; lacerations suffered while</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>passenger in an automobile that overturned.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural</u> <u>St. Louis Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6/9/51</u> <u>7 P</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Deceased was a passenger in automobile that overturned after crossing bridge</u>

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 \_\_\_\_\_ m., from the causes and on the date stated above.

22a. SIGNATURE <u>Arnold J. Willmann</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>6/11/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-12-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lost Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Shirley. Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-11-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Tombs MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith &amp; Higginbotham</u> ADDRESS <u>Potosi. mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 27 1907

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

*Mary M. Smith*

Licensed Embalmer No. *4394*

P. O. Address *Potosi, Missouri*

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.