

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

RECEIVED 1408
State File No. 11

FILED FEB 7 1952 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 300 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN Poplar Bluff
c. LENGTH OF STAY (In this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctor's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Oregon
c. CITY OR TOWN Alton
d. STREET ADDRESS (If rural, give location) 0150

3. NAME OF DECEASED
a. (First) CONLEY b. (Middle) BRYON c. (Last) WILSON
4. DATE OF DEATH (Month) (Day) (Year) 1 1 1952

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-28-1952 9. AGE (In years last birthday) 59
10. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) Grocery Clerk 10b. KIND OF BUSINESS OR INDUSTRY Groceries
11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Daniel B. Wilson 13b. MOTHER'S MAIDEN NAME Isora D. Andrews 14. NAME OF HUSBAND OR WIFE Bess Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1st World War 16. SOCIAL SECURITY NO. 430-36-5079 17. INFORMANT'S SIGNATURE OR NAME Bess Wilson ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation
ANTECEDENT CAUSES (b) Cardiac Failure (c) Coronary Thrombosis
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 NO

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-27-1952 to 1-1-1953, that I last saw the deceased alive on 1-1-1953, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. S. Markel, M.D. 23b. ADDRESS Poplar Bluff Mo 23c. DATE SIGNED 1-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan. 3, 1952 24c. NAME OF CEMETERY OR CREMATORY Smith Cemetery 24d. LOCATION (City, town, or county) (State) Alton Missouri

DATE REC'D BY LOCAL REG. Feb 2 1952 REGISTRAR'S SIGNATURE Wm. H. Johnson 428-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thelma Tenchel Poplar Bluff Mo.

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

01240

RECEIVED
FEB 8 5, 1952

BUTLER CO. HEALTH CENTER

FILE No. 252-7L

dist 6-52

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 1-1-52

.....
working under my personal supervision.

Student Embalmer No.

Signed

Phil A. Leuchel

Signed.....
Student Embalmer

Licensed Embalmer No. 2936

P. O. Address Payson Bluff, 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.

[Faint handwritten notes and signatures at the bottom of the page]