

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11765

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>354</u>		PRIMARY REG. DIST. NO. <u>4519</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>				
b. CITY OR TOWN <u>Cabool</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY OR TOWN <u>Cabool</u>		1070		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wm</u> b. (Middle) <u>Crawley</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-13-52</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>10-25-1882</u>		
9. AGE (In years last birthday) <u>67</u>		If under 1 year: Months <u>4</u> Days <u>28</u>		If under 6 hrs: Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Trohan, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W. G. Wilson</u>			13b. MOTHER'S MAIDEN NAME <u>Loretta ?</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. W. G. Wilson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>			16. SOCIAL SECURITY NO. <u>yes</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. G. Wilson</u> ADDRESS <u>Cabool 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</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. <u>Chronic myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u> <u>5 years</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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		4201		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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>Aug 1950</u> to <u>Mar 11, 1952</u> , that I last saw the deceased alive on <u>Mar 11, 1952</u> , and that death occurred at <u>11:15</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Garrett Loggins</u>				23b. ADDRESS <u>Cabool Mo</u>		23c. DATE SIGNED <u>Mar 25 1952</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>3/13-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Memphis Tenn</u>		
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>		EMERALD DIRECTOR'S SIGNATURE <u>Robertson</u>		ADDRESS <u>West Plains Mo</u>		

HS (Licensed Embalmer's Statement on Reverse Side)

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

70

19 X

FORM 71-1044

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

D. D. Roberts

Licensed Embalmer No. 3430

P. O. Address West Plains

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.