

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34733**  
**955**

NOV OCT 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2600 Registrar's No. 955

0396

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

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CHRISTIAN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. LENGTH OF STAY (in this place) <b>1 WEEK</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BAPTIST HOSPITAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"RURAL" PORTER 0220</b>	
		d. STREET ADDRESS (If rural, give location) <b>RT. # 1, NIXA</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b> b. (Middle) <b>M. "DON"</b> c. (Last) <b>WILSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 22 1952</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>	
8. DATE OF BIRTH <b>DEC. 21- 1866</b>			9. AGE (in years last birthday) <b>85</b>		IF UNDER 1 YEAR Months Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>OZARK - MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>WILLIAM R. WILSON</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA PETTYJOHN</b>		14. NAME OF HUSBAND OR WIFE <b>MARGARET A. BARNETT</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. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>EMMETT WILSON, 516 CATALPA, SPRINGFIELD, Mo.</b>	
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Sigmoid Colon.</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 WKS</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.		ANTECEDENT CAUSES		DUE TO (b) _____			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>10/16/52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Bowel obstruction 153X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **OCT 16, 1952**, to **OCT 22, 1952**, that I last saw the deceased alive on **OCT 22, 1952**, and that death occurred at **12:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Lesmond E. Boon</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>609 Cherry - Springfield, Mo.</b>		23c. DATE SIGNED <b>10-23-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT. 23-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREENLAWN CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MISSOURI</b>	
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DATE REC'D BY LOCAL REG. <b>10-23-52</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson Reg.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John H. Bear Harris, Clever, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

**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

*John Dean Harris*

Licensed Embalmer No. 4390

P. O. Address Clever, 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.