

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39787**

FILED NOV 26 1952

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>139</u>	
1. PLACE OF DEATH a. COUNTY <u>PULASKI</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. LENGTH OF STAY (in this place) <u>20mins</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon R3 Richwoods</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8669</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 16, 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>October 23, 1921</u>	9. AGE (In years last birthday) <u>31</u>	IF OVER 1 YEAR Months <u></u> Days <u></u>	IF OVER 24 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Dixon R3 Miller County Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Leonard Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Frankie Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Bern Crismon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-14-1362</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frankie Wilson Dixon R3, Missouri</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>SELF inflicted gun shot wound</u> ANTECEDENT CAUSES DUE TO (b) <u>by 32 caliber Revolver</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 HRS.</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) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Dixon R3, Miller County Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>November 17, 1952 5P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>SELF inflicted</u>			
22. I hereby certify that I attended the deceased from <u>Nov 17</u> , 19 <u>52</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:25 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Billy James Hudgins</u> (Degree or title) <u>CORNER</u>				23b. ADDRESS <u>Crocker Missouri</u>		23c. DATE SIGNED <u>11/17/52</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 19, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Miller County Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-18-52</u>		REGISTRAR'S SIGNATURE <u>458</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Nalge Jr. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

850
0

Date Filed 11-24-52
County Health Officer
RECEIVED 11-18-52

DEC 1 1952

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer

Signed Walter J. Hedges

Licensed Embalmer No. 4265

P. O. Address Terre Haute

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.