

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **133**

133

BIRTH (MO.) **JAN 26 1953** REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **5043** Registrar's No. **6**

0050

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

1. PLACE OF DEATH a. COUNTY Barry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seligman		c. LENGTH OF STAY (In this place) 1 Year	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seligman		
d. FULL NAME OF HOSPITAL OR INSTITUTION Box 63			d. STREET ADDRESS (If rural, give location) Box 63		

3. NAME OF DECEASED (Type or Print) John Wilson			4. DATE OF DEATH (Month) (Day) (Year) Jan. 1, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 22, 1893		9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Painter	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) Isle of Mors, Denmark		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Christenson Wilson		13b. MOTHER'S MAIDEN NAME Marianna Haang		14. NAME OF HUSBAND OR WIFE Ruby A. Wilson	
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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) No		16. SOCIAL SECURITY NO. 514-01-0026	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Ruby A. Wilson Seligman Mo.		
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH
		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. 4201			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 **Dec 24 1952**, to **Jan 16 1953**, that I last saw the deceased alive on **Jan 11 1953**, and that death occurred at **10:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. R. Brown M.D.		23b. ADDRESS Seligman Mo		23c. DATE SIGNED 1-1-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 1, 1953	24c. NAME OF CEMETERY OR CREMATORY Rogers Cemetery	24d. LOCATION (City, town, or county) (State) Rogers, Arkansas		
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DATE REC'D BY LOCAL REG. 1-20-53	REGISTRAR'S SIGNATURE Mary McDonald, Reg.		25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Burns		ADDRESS Home Rogers, Ark.
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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 William J. Burns

Licensed Embalmer No. 550 Arkansas

P. O. Address. Roger Ark

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.