

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21195

State File No.

FILED JUL 14 1953

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 5417 Registrar's No. 8

2350
1

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Dunklin</u>		a. STATE <u>MO.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Riles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Riles</u>	
c. LENGTH OF STAY (In this place) <u>30 years</u>		d. STREET ADDRESS (If rural, give location) <u>0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>WILLIAM</u>	b. (Middle) <u>DAVID</u>	c. (Last) <u>WILSON</u>	(Month) <u>6</u>	(Day) <u>14</u>	(Year) <u>1953</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>June 8 - 1890</u>		
9. AGE (In years last birthday) <u>63</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Buttsville Ark</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Mr. Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Balin</u>	14. NAME OF HUSBAND OR WIFE <u>Jona Wilson</u>
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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)	16. SOCIAL SECURITY NO. <u>500-18-2354</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jona Wilson</u>		ADDRESS <u>Riles MO</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4-6 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/222</u>	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 June, 1951, to June 14, 1953 that I last saw the deceased alive on June 14, 1953, and that death occurred at 4 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. McDaniel M.D.</u>	23b. ADDRESS <u>Hornersville, MO</u>	23c. DATE SIGNED <u>6/16/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6-16-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Union</u>	24d. LOCATION (City, town, or county) (State) <u>Missouri Ark Ark</u>
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DATE REC'D BY LOCAL REG. <u>6/18-53</u>	REGISTRAR'S SIGNATURE <u>Bertha Kriebel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. T. Emery</u>	ADDRESS <u>Jarvis Ark</u>
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 7-11-53

COUNTY FILE NUMBER 753-184

1953 P. E. N. W. P.

JUL 23 1953

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

W. T. Jensen

Licensed Embalmer No. 3052

P. O. Address *Jensen Park*

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.