

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

21346

State File No. _____
 Registrar's No. 635

FILED JUL 13 1953

REG. DIST. NO. 128

PRIMARY REG. DIST. NO. 2000

BIRTH NO. _____

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>GREENE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshfield</u> | |
| c. LENGTH OF STAY (in this place) <u>12 Days</u> | | d. STREET ADDRESS (If rural, give location) <u>General Delivery</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARSHFIELD OSTEOPATHIC HOSPITAL</u> | | | |

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|--|---------------------------|-------------|-------------------------|------------------|---------------------|----------------|--------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>William</u> | b. (Middle) | c. (Last) <u>Wilson</u> | 4. DATE OF DEATH | (Month) <u>July</u> | (Day) <u>6</u> | (Year) <u>1953</u> |
|--|---------------------------|-------------|-------------------------|------------------|---------------------|----------------|--------------------|

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|--|-------------------------------|---|--|---------------------------------|-----------------|---------------|-----------------------------|-----------------------------|
| 5. SEX <input checked="" type="radio"/> Male | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 23, 1890</u> | 9. AGE (in years last birthday) | Months <u>2</u> | Days <u>7</u> | IF UNDER 1 YEAR Hours _____ | IF UNDER 24 HRS. Min. _____ |
|--|-------------------------------|---|--|---------------------------------|-----------------|---------------|-----------------------------|-----------------------------|

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| 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 (State or foreign country) <u>Webster County</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>William Wilson</u> | 13b. MOTHER'S MAIDEN NAME <u>Canzada Hargis</u> | 14. NAME OF HUSBAND OR WIFE <u>Clara Harin Wilson</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War # II</u> | 16. SOCIAL SECURITY NO. <u>No.</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clara Harin Wilson,</u> | ADDRESS <u>Marshfield</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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u> | | 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) <u>General Peritonitis</u> | | |
| | DUE TO (c) <u>Gangrenous Appendix</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5501</u> | | | |

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|---------------------------------------|--|--|
| 19a. DATE OF OPERATION <u>6/24/53</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Gangrenous appendix bound down by adhesions.</u> | 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) |
| 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? |

22. I hereby certify that I attended the deceased from 6/24/53, 19____, to 7/6/53, 19____, that I last saw the deceased alive on 7/5/53, 19____, and that death occurred at 5:40 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>William P. Stiegel, D.O.</u> (Degree or title) | 23b. ADDRESS <u>700 E. Sunshine Springfield, Missouri</u> | 23c. DATE SIGNED <u>7/6/53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>7/6/53</u> | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) <u>Marshfield, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>7/9/53</u> | REGISTRAR'S SIGNATURE <u>Edith Williams</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber-Barto,</u> | ADDRESS <u>Marshfield, Missouri</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 15 1953

JUL 17 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 R. W. Barber

Licensed Embalmer No. 3848

P. O. Address 714 E. Broad, Me

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.