V.S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 21 1953

State File No. 43740

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 118

0720

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

1. PLACE OF DEATH
a. COUNTY: NEWTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Neosho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NEOSHO TWP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: NEWTON
c. CITY OR TOWN: RURAL Neosho
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): NEOSHO RFD #4 0720 D

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): FRANKLIN
c. (Last): WILSON

4. DATE OF DEATH (Month) (Day) (Year): NOV. 27. 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 18. 1867
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): NEWTON County MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: NATHAN WILSON
13b. MOTHER'S MAIDEN NAME: HARIETT MARTIN
14. NAME OF HUSBAND OR WIFE: MARY E. WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MARY E. WILSON ADDRESS: NEOSHO MISSOURI

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.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prostate - possibly Cancer

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General infirmities
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

11. 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: 177 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1, 1953 *to* Nov 27, 1953 *that I last saw the deceased alive on* Nov 22, 1953 *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. B. Duemler M.D.
23b. ADDRESS: Seneca Mo.
23c. DATE SIGNED: 12-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-29-1953
24c. NAME OF CEMETERY OR CREMATORY: NEW SALEM
24d. LOCATION (City, town, or county) (State): NEWTON Co. MISSOURI

DATE REC'D BY LOCAL REG.: 12-11-53
REGISTRAR'S SIGNATURE: Melvin C. Bowman 223
25. FUNERAL DIRECTOR'S SIGNATURE: Corley Thompson Sr. ADDRESS: Neosho Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No.

District File Number 1953-229

Date Filed DEC 18 1953

NEOSHO, MISSOURI

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.....
Signature of Student Embalmer

Signed Ray L. Adams

Licensed Embalmer No. 4928

P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.