

FILED MAY 5 1954

STANDARD CERTIFICATE OF DEATH

State File No. 14672

BIRTH NO.		REG. DIST. NO. 356		PRIMARY REG. DIST. NO. 4521		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Houston</u>		c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Huggins Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1070</u>	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>NEWTON</u> c. (Last) <u>Wilson</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>April 19 1954</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>Mar. 3 1897</u>	
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>		IF UNDER 24 hrs. Hours <u>2</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cafe</u>		11. BIRTHPLACE (State or foreign country) <u>Huggins Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Newton Wilson</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Maxwell</u>		14. NAME OF HUSBAND OR WIFE <u>Eva</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>493-161703</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eva Wilson</u>		ADDRESS <u>Houston Mo.</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>Cerebral Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic degenerative Heart disease grade III</u> DUE TO (c) <u>Arteriosclerosis generalized</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>severe associated peripheral vascular disease (Buerger's Dis)</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4 Bilateral pneumonia associated cardio-respiratory failure</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>Houston Mo. 4200</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/12, 1954</u> to <u>4/19, 1954</u> , that I last saw the deceased alive on <u>4/19, 1954</u> and that death occurred at <u>11:50 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Burns M.D.</u>				23b. ADDRESS <u>Houston Mo.</u>		23c. DATE SIGNED <u>4/22/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Houston</u>		24d. LOCATION (City, town, or county) (State) <u>Houston Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-27-54</u>		REGISTRAR'S SIGNATURE <u>Muriel Craig</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliott Funeral Home</u>		ADDRESS <u>Houston</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 10 1964

MAY 10 1964

MAY 10 1964

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.