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FILED JUN 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18136

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 State File No. _____ Registrar's No. 338

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution, give name before death.) a. STATE MISSOURI b. COUNTY STODDARD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF TWP.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-DUCKCREEK TWP. Dudley	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) IN DUDLEY 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION STATE HIGHWAY 60			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) ELISHA c. (Last) WILSON		4. DATE OF DEATH (Month) (Day) (Year) MAY 30 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	8. DATE OF BIRTH June 26-1934
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) IN U.S. AIR FORCE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri
			12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ira Wilson	13b. MOTHER'S MAIDEN NAME Missouri Susin Barton	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 3-20-52 to 5-30-54		16. SOCIAL SECURITY NO. 3-20-52 to 5-30-54
17. INFORMANT'S SIGNATURE OR NAME Ira Wilson		ADDRESS Dudley, Mo.

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture skull		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9164 26				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Poplar Bluff Twp. Butler Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 30 1954 5:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Head on collision 2 automobiles.

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Grover D Green Coover		23b. ADDRESS Poplar Bluff Mo		23c. DATE SIGNED May 31-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-1-54	24c. NAME OF CEMETERY OR CREMATORY Dudley Cemetery	24d. LOCATION (City, town, or county) (State) Dudley Stoddards, Mo.	
DATE REC'D BY LOCAL REG. 6/9/54	REGISTRAR'S SIGNATURE R. H. Murrell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. White Fisk, Mo.		

(Licensed Embalmer's Statement) on Reverse Side

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

RECEIVED
JUN 14 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

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 Walter Marsh Wathen

Licensed Embalmer No. 4717

P. O. Address Sepler 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 this body is not embalmed, fact should be so stated above.