

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26893

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 751-B

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance). a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) OR TOWN "Rural" Cass	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		e. STREET ADDRESS (If rural, give location) Route #1, Clever	10.40
3. NAME OF DECEASED (Type or Print) a. (First) WINFRED b. (Middle) JERREL c. (Last) WILSON			4. DATE OF DEATH (Month) (Day) (Year) August 4-1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 21-1924
9. AGE (In years last birthday) 30		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Laborer	11. BIRTHPLACE (City and State or Foreign Country) Stone County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jesse J. Wilson	13b. MOTHER'S MAIDEN NAME Julia White
14. NAME OF HUSBAND OR WIFE Joan Evans		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II	16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME Jesse J. Wilson, Route 1, Clever, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) ANURIA & UREMIA Paralytic Ileus fracture dorsal spine, fracture skull & fracture left leg Multiple Lacerations	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ 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. _____		INTERVAL BETWEEN ONSET AND DEATH 24 hrs 3-4 days 5 days	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no intraabdominal injury		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) Scrubbed accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Salena Stone Mo.	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 30 '54 10^{am}
21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car accident	
22. I hereby certify that I attended the deceased from July 30, 1954 , to Aug 4, 1954 , that I last saw the deceased alive on Aug 4, 1954 and that death occurred at 1115p m. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS (Degree or title) Mid O 430 South Ave., Segal, Mo.	23c. DATE SIGNED 8-6-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 7-1954	24c. NAME OF CEMETERY OR CREMATORY Frazier Cemetery	24d. LOCATION (City, town, or county) (State) Christian Co., Mo.
DATE REC'D BY LOCAL REG. 8-10-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Clever, Mo.	

AUG 9 1956

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..... *John Hlean Harris*

Licensed Embalmer No. *4390*

P. O. Address *Clover, Md.*

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.