

FILED SEP 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28464**Registrar's No. **72**

BIRTH NO. _____		REG. DIST. NO. 372		PRIMARY REG. DIST. NO. 8908	
1. PLACE OF DEATH a. COUNTY Pemiscot			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holland Rural		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holland	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway South Of Holland Mo			d. STREET ADDRESS (If rural, give location) 0780		
3. NAME OF DECEASED (Type or Print) a. (First) Garvin Cecil b. (Middle) Wilson c. (Last) Wilson			4. DATE OF DEATH (Month) (Day) (Year) AUG 29 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 5 1890	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Days 9 IF UNDER 11 HRS. Hours 24 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wm Lafayette Wilson		13b. MOTHER'S MAIDEN NAME Margaret Ann Hamilton		14. NAME OF HUSBAND OR WIFE Flossie Pounds Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 49 807 9566	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Flossie Wilson Holland 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest Multiple Head injuries ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Lacerated left arm & Broken nose 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
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.) street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural Holland Pemiscot Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-29-54 A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car turned over 078			
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) John H. Guman Coroner			23b. ADDRESS Hayti Mo		23c. DATE SIGNED 8-30-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/31/54	24c. NAME OF CEMETERY OR CREMATORY mt Zion	24d. LOCATION (City, town, or county) (State) Steele Mo		
DATE REC'D BY LOCAL REG. 9-5-54	REGISTRAR'S SIGNATURE [Signature] 249-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Holt funeral Home blytheville Ark		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48150
92

9-703-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

SEP 8 1954

SEP 22 1954

SEP 20 1954

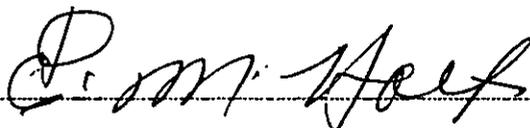
STATEMENT BY LICENSED EMBALMER

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.

Signed _____



Signed _____
Student Embalmer

Licensed Embalmer No. 4454

P. O. Address Blytheville Ark

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.)

Embalming was done in Arkansas

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