No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34457

FILED NOV 15 1954

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5635 Registrar's No. 183

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

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Union Phillipsburg Rural Life
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): Phillipsburg Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Phillipsburg - Union TP
d. STREET ADDRESS (If rural, give location): Rural Route 0530

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Alonzo
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): Oct. 27 1954

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 11 1884
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months - Days 16 — 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: Farm
11. BIRTHPLACE (State or foreign country): Lebanon Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Alonzo Wilson
13b. MOTHER'S MAIDEN NAME: Parthena Oaks
14. NAME OF HUSBAND OR WIFE: Stella Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Stella Wilson Phillipsburg 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): Bronchiectasis and pulmonary emphysema — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs

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.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 526 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): Springfield, Greene, Mo
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* Aug 23, 1954, *to* Oct 27, 1954, *that I last saw the deceased alive on* Oct 19, 1954, *and that death occurred at* 6:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. D. Litsky M.D.
23b. ADDRESS: 609 Cherry St.
23c. DATE SIGNED: Oct 2 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/31/54
24c. NAME OF CEMETERY OR CREMATORY: Lonesome Hill Cemetery
24d. LOCATION (City, town, or county) (State): near Phillipsburg Mo.

DATE REC'D BY LOCAL REG.: 10-31-1954
REGISTRAR'S SIGNATURE: Della L. Day 424
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: W.E. Holman Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

File No. .....

Date Filed .....

Received 11-6-54

Laclede County Health Unit

File No. 181

Date Filed NOV 12 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.

Student .....
Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.