

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43368**
Registrar's No. **2**

BIRTH NO. _____		REG. DIST. NO. 240		PRIMARY REG. DIST. NO. 5826		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY New Madrid County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Portageville		c. LENGTH OF STAY (in this place) 50 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Portageville		0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 1 Portageville, Mo.				d. STREET ADDRESS (If rural, give location) Rt. 1 Portageville, Missouri			
3. NAME OF DECEASED a. (First) William b. (Middle) Abner c. (Last) Wilson			4. DATE OF DEATH October 4, 1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 15 1870	9. AGE (In years last birthday) 84	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Retired		11. BIRTHPLACE (City and State or Foreign Country) Raleigh, North Carolina
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Burl Wilson		13b. MOTHER'S MAIDEN NAME Elizabeth Newman		14. NAME OF HUSBAND OR WIFE Lucinda Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) A		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Charles Upsom-Portageville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac decompensation					INTERVAL BETWEEN ONSET AND DEATH 12 hours
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension - Essential					27 years
		DUE TO (c) Arterio Sclerosis					6 years
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile degeneration					3 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443 X					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-2-1953 , to 10-4-1954 , that I last saw the deceased alive on 10-4-1954 , and that death occurred at 3:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm O. Cameron D.O.				23b. ADDRESS Box F. Marston, Mo		23c. DATE SIGNED 10-5-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 6, 1954		24c. NAME OF CEMETERY OR CREMATORY Portageville Cemetery, Portageville, Missouri		24d. LOCATION (City, town, or county) (State) Portageville, Missouri	
DATE REC'D BY LOCAL REG. 1-3-55		REGISTRAR'S SIGNATURE H. L. Gorder Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.S. Smith Funeral Home C'ville, Mo.			

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

720
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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 W. Denver Dike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.