

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 5 - 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 549

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	c. LENGTH OF STAY (If this place) <u>1 day</u>	c. CITY OR TOWN SPRINGFIELD	d. Is 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. JOHNS HOSPITAL		f. STREET ADDRESS (If rural, give location) ROUTE 4 <u>0390</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) HARRY	b. (Middle) L.	c. (Last) WILSON	4. DATE OF DEATH (Month) (Day) (Year) JUNE 23, 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH JULY 13, 1883	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. DRUGGIST	10b. KIND OF BUSINESS OR INDUSTRY DRUGGIST	11. BIRTHPLACE (City and State or Foreign Country) IOWA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOSEPH WILSON	13b. MOTHER'S MAIDEN NAME EMMA WAITE	14. NAME OF HUSBAND OR WIFE WIDOWER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. S.K. MARTIN (SISTER) SPFLD. MO.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction, Acute		2 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Atherosclerotic Heart Disease		6 months
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-4, 1955 to 6-33, 1955, that I last saw the deceased alive on 6-23, 1955, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. J. Bark, M.D.	23b. ADDRESS 609 Cherry, Springfield	23c. DATE SIGNED 6/25/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 25, 1955	24c. NAME OF CEMETERY OR CREMATORY CONWAY CEMETERY	24d. LOCATION (City, town, or county) (State) CONWAY, MISSOURI
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DATE REC'D BY LOCAL REG. 6-27-55	REGISTRAR'S SIGNATURE W. J. Bark	25. FEDERAL INSPECTOR'S SIGNATURE ADDRESS SPFLD. MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 2 3 4 5 6 7 8 9 10

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.....
Max A. Hodges

Licensed Embalmer No.

P. O. Address.....
Princeton

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.