

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5485**

BIRTH NO.		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>3034</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Higginville</u>		c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		c. CITY OR TOWN <u>Higginville</u>		d. RESIDENCE within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				f. STREET ADDRESS (If rural, give location) <u>24 Ter 054/0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SYLESTER</u>			b. (Middle)			c. (Last) <u>WILSON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1 - 1956</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec. 23, 1893</u>		9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph MO</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jim Wilson</u>	
13b. MOTHER'S MAIDEN NAME <u>Lula Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Geneva Wilson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Geneva Wilson Higginville Mo</u>		18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the stomach</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>151X</u>		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 <u>9-19</u> 19 <u>55</u> to <u>1-22</u> 19 <u>56</u> that I last saw the deceased alive on <u>1-22</u> 19 <u>56</u> , and that death occurred at <u>7:25 PM</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Wilton E. Fulherson</u>		23b. ADDRESS <u>Mrs. Higginville Mo. 2-6-56</u>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 6 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Municipal Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Higginville MO</u>		DATE REC'D BY LOCAL REG. <u>Feb. 7 - 19 56</u>		REGISTRAR'S SIGNATURE <u>Clyton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George Green Marshall Mo</u>	

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

9991 41 033

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 *George H. Green*.....

Licensed Embalmer No. 422

P. O. Address *Northville*.....

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.