

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**5615**

State File No. ....

**FILED FEB 27 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5759 Registrar's No. 6

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Maries</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Dry Creek Twp.</b>	c. CITY OR TOWN <b>Dixon, Mo.</b>	d. Is Residence within limits of a city incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <b>Life</b>		• STREET ADDRESS (If rural, give location) <b>0620</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>His Home</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Dorsey</b>	b. (Middle) <b>L.</b>	c. (Last) <b>Wilson</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb. 14, 1956.</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Aug. 27, 1900.</b>	<b>9. AGE</b> (In years last birthday) Months Days <b>55 5 17</b>	<b>IF UNDER 1 YEAR</b> Hours Min.	<b>IF UNDER 24 HRS.</b> Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Saw Mill Operator</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Lewis Wilson</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Minnie Krone</b>	<b>14. NAME OF HUSBAND/OR WIFE</b> <b>Dorothy Wilson</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>499-03-7469</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Dorothy Wilson, Dixon, Mo.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Hodgekins Disease</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 year</b>
	<b>ANTECEDENT CAUSES</b>  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b>  Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Jan 11, 1956, to Feb 11, 1956, that I last saw the deceased alive on Feb 11, 1956, and that death occurred at 10:00 A. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Al den M Chesney</i>	(Degree or title) <b>CO</b>	<b>23b. ADDRESS</b> <i>Ellie Fischel Hoag, Columbia</i>	<b>23c. DATE SIGNED</b> <i>Feb 21, '56</i>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>2/16/56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Vienna Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Vienna, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>2-22-56</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Pauline Howard</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>M. C. Cunningham</i>	<b>ADDRESS</b> <b>Vienna, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

MAR 7 1956  
FEB 27 1956

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.....  
*M. P. Cunningham*

Licensed Embalmer No. 366

P. O. Address.....  
*Cuma*

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.