

FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8437

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 442 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dalton</b>		c. CITY OR TOWN <b>Dalton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>40 years</b>		e. STREET ADDRESS (If rural, give location) <b>Dalton, Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>at home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>Ross</b>	c. (Last) <b>Wilson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 7, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 20, 1884</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Saline County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Benjamin Wilson</b>	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE <b>Mrs. Jauntia Wilson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, _____) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jauntia Wilson</b> ADDRESS <b>Dalton, Missouri</b>
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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, ashenia, 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) <b>Hypostatic pneumonia</b>		<b>5 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac failure</b> DUE TO (c) <b>Due to Medullary failure</b>		<b>2 days</b> <b>2 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Metastatic Carcinoma</b>		<b>3-5 months</b>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Jan, 1956, to April 7, 1956, that I last saw the deceased alive on April 5, 1956, and that death occurred at 3:50a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Walter H. Dutton MD</b> (Degree or title)	23b. ADDRESS <b>Keplerville Mo</b>	23c. DATE SIGNED <b>4-9-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/10/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Brunswick City</b>	24d. LOCATION (City, town, or county) (State) <b>Brunswick, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>4-10-56</b>	REGISTRAR'S SIGNATURE <b>Mildred Boone</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>George B. Boone</b> ADDRESS <b>Marshall Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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. 421 .....  
P. O. Address *Muskegon* .....

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.