

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21149**

FILED JUL 1-6 1956

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4308** Registrar's No. **54**

1. PLACE OF DEATH a. COUNTY McDonald			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ark. b. COUNTY Benton		
b. CITY (If outside corporate limits, write RURAL and give township) Noel		c. LENGTH OF STAY (in this place) 30 days	c. CITY (If outside corporate limits, write RURAL and give township) Sulphur Spg's Ark. 20		d. STREET ADDRESS (If rural, give location) Gen Def. 8098
d. FULL NAME OF HOSPITAL OR INSTITUTION McDonald Co Clinic					

3. NAME OF DECEASED (Type or Print) a. (First) Horry b. (Middle) Harley c. (Last) Wilson			4. DATE OF DEATH (Month) (Day) (Year) June - 25 - 56		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 21 - 1871		9. AGE (In years last birthday) 84. if UNDER 1 YEAR: Months _____ Days _____ if UNDER 1 Mo. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mover.		10b. KIND OF BUSINESS OR INDUSTRY Ret.	11. BIRTHPLACE (City and State or Foreign Country) ? KANSAS		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME David Wilson		13b. MOTHER'S MAIDEN NAME Mattie Carlock.		14. NAME OF HUSBAND OR WIFE Sophie J. Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wife (Sophie J. Wilson) Sulphur Spg, Ark		

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 coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) dehydration			INTERVAL BETWEEN ONSET AND DEATH 15 min 8 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **1950**, to **June 25, 1956**, that I last saw the deceased alive on **Jan 25, 1956**, and that death occurred at **10:45 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. W. Mountain		23b. ADDRESS Noel, Mo		23c. DATE SIGNED June 26, 56	
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24a. BURIAL CREMATION (Specify) Burial	24b. DATE June 25 - 1956	24c. NAME OF CEMETERY OR CREMATORY Butler Creek		24d. LOCATION (City, town, or county) (State) Dresden Spgs	
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DATE REC'D BY LOCAL REG. 7-1-1956		REGISTRAR'S SIGNATURE Marye Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALLISON McOWNEY Gravette Ark	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

423

This body was not embalmed in person
but was employed in Arkansas.

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

By Signed Louis D. Day

Licensed Embalmer No. 9/2

P. O. Address Greenville Ark.

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.