

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29337**
Registrar's No. **6650**

BIRTH NO. **40426-56** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PULASKIE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 12 DAYS	c. CITY OR TOWN CROCKER		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. LOUIS CHILDREN'S HOSP.			e. STREET ADDRESS (If rural, give location) ROUTE 1		
3. NAME OF DECEASED (Type or Print) a. (First) DANNY b. (Middle) EARL c. (Last) WILSON			4. DATE OF DEATH (Month) (Day) (Year) 7-15-56		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 6-10-56	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Days 5 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) WAYNESVILLE, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME JAMES E. WILSON		13b. MOTHER'S MAIDEN NAME DOROTHY PLEMMONS		14. NAME OF HUSBAND OR WIFE —	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME ADDRESS V. TODD-500 S. KINGSHIGHWAY.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 754.4		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 7-3 , 19 56 , to 7-15 , 19 56 , that I last saw the deceased alive on 7-15 , 19 56 , and that death occurred at 3:06 pm. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Olexis F. Hartmann M.D.			23b. ADDRESS 500 S. KINGSHIGHWAY		23c. DATE SIGNED 7/15/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-16-56	24c. NAME OF CEMETERY OR CREMATORY Crocker Cem.	24d. LOCATION (City, town, or county) (State) crocker Mo		
DATE REC'D BY LOCAL REG. JUL 16 1956		REGISTRAR'S SIGNATURE Carl Smith MO	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedges Funeral Home, Crocker, Mo.		

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.....
Licensed Embalmer No.....

P. O. Address

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.