No. 300
10.48

FILED JAN 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2347

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bolivar
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Craig Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Polk
c. CITY OR TOWN: Bolivar
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): Bolivar, Mo. RR 2 0.8400

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Lonzo
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): January 21, 1957

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: July 22, 1885
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 5, Days 30 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Polk County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Benjamin Franklin Wilson
13b. MOTHER'S MAIDEN NAME: Orpha Gamlon
14. NAME OF HUSBAND OR WIFE: Opal Wilson, Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Emma Torrance, Bolivar, Mo. — ADDRESS

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) Uremia.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Urosepsis, & pyonephrosis
DUE TO (c) Postatic Enlargement & Urinary Retention

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 610X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1952, *to* Jan. 21, 1957, *that I last saw the deceased alive on* Jan 21, 1957, *and that death occurred at* 5:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] D.D.
23b. ADDRESS: Bolivar Mo.
23c. DATE SIGNED: 1-25-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-23-57
24c. NAME OF CEMETERY OR CREMATORY: Salem Cemetery
24d. LOCATION (City, town, or county) (State): Cliquot, Mo.

DATE REC'D BY LOCAL REG.: Jan 26, 1957
REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon
25. FUNERAL DIRECTOR'S SIGNATURE: Erwin & Blue, ADDRESS: Bolivar, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 30 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marshall C. Black

Licensed Embalmer No. 47

P. O. Address Bolivar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.