

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016512  
STATE FILE NUMBER

FILED MAY 13 1959 Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 35

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-57

|   |                                  |   |  |  |   |
|---|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Texas</b>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Texas</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Houston</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Bailing Springs</b> <sup>1070</sup>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INS. <b>Texas C. Mem. Hosp</b>   |                                  | Length of stay in 1b<br><b>2 das.</b>   | d. STREET ADDRESS (If outside, give location)  |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Fred Ransom Wilson</b>   |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>5-6-59</b>  |  |   |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>8-5-17</b>  | 9. AGE (In years last birthday)<br><b>41</b>                             | IF UNDER 1 YEAR<br>Months Days<br>IF UNDER 24 HRS.<br>Hours Min.                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Civil Service Employee</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Licking, Missouri</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |
| 13a. FATHER'S NAME<br><b>Ervin Wilson</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Cora Kinney</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Dorothy Mae</b>                        |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no or unknown) (If yes, give year or dates of service)<br><b>Yes WW II</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>489-26-0627</b>   |  | 17. INFORMANT<br><b>Dorothy Wilson - Roby</b><br>Address <b>Missouri</b> |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Myocarditis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Fulminating Bronchopneumonia with septicaemia</b><br>DUE TO (c) <b>16 hrs.</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                                  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>12 hrs.</b>                                    |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>491X</b>                              |  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |                                  |   |  |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION   |  | COUNTY STATE  |
| 21. I attended the deceased from <b>5-3-59</b> to <b>5-10-59</b> and last saw him alive on <b>5-6-59</b><br>Death occurred at <b>8:40 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |                                  |   |  |  |   |
| 22a. SIGNATURE<br><b>John L. ... M.D.</b> (Degree or title)   |                                  |   | 22b. ADDRESS<br><b>Houston, Mo</b>   |  | 22c. DATE SIGNED<br><b>5-11-59</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |                                  | 23b. DATE<br><b>5-9-59</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>CAVANESS Cemetery</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>Texas County, Missouri</b>        |
| 24. FUNERAL DIRECTOR<br><b>Raymond E. Duff</b>  |                                  | ADDRESS<br><b>Houston, Mo.</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>5-11-59</b>                           | 26. REGISTRAR'S SIGNATURE<br><b>Mabel Shacklette</b><br>Deputy                        |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 13 1959

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STATEMENT BY LICENSED EMBALMER

MAY 10 1960

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 *Frank E. Wood*

Licensed Embalmer No. *4026*

P. O. Address... *Hampton*

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.