

FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15240

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 637		Registrar's No. 370	
1. PLACE OF DEATH a. COUNTY SHANNON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY SHANNON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WINONA Twp		c. LENGTH OF STAY (In this place) 1 week		c. CITY OR TOWN WINONA		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) P.O. Box 272 1010			
3. NAME OF DECEASED (Type or Print) a. (First) Gregory b. (Middle) Steven c. (Last) Wilson			4. DATE OF DEATH (Month) (Day) (Year) April 30-1956				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N.M.	8. DATE OF BIRTH JAN. 9-1954		9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Gothenburg Nebraska		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Lyle Wilson			13b. MOTHER'S MAIDEN NAME Muriel Gallant		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) No.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning 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.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			9291 42		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Pond near home		21c. (CITY, TOWN, OR TOWNSHIP) Winona township		21d. (COUNTY) Shannon	21e. (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr. 30 1956 4P		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) O. F. Wilson, D.D., Coroner				23b. ADDRESS Eminence Mo		23c. DATE SIGNED 5-9-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 2-56	24c. NAME OF CEMETERY OR CREMATORY Mt Zion		24d. LOCATION (City, town, or county) WINONA, Mo.		(State)
DATE REC'D BY LOCAL REG. 5-14-56		REGISTRAR'S SIGNATURE Mable Goe		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DUNCAN'S Mtn. View, Mo.			

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 *Joel R. Duncan*.....
Licensed Embalmer No. *432*
P. O. Address *Ynt. View*

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.