

FILED JAN 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40535  
State File No.

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KEYTESVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KEYTESVILLE - MO. 71</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>611 WEST - MAIN - ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>611 WEST - MAIN - ST. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES -</u> b. (Middle) <u>RICHARD</u> c. (Last) <u>WILSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 29 - 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JAN 12 - 1894</u>
9. AGE (In years last birthday) <u>65</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>KEYTESVILLE MO</u>
11. BIRTHPLACE (State or foreign country) <u>KEYTESVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE WILSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY-LONG</u>	
14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>FRANK WILSON</u>		ADDRESS <u>KEYTESVILLE - MO</u>	
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) <u>Ch. Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u> 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. <u>4273</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (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 <u>October, 1948</u> , to <u>Dec 29, 1949</u> , that I last saw the deceased alive on <u>Dec 29, 1949</u> , and that death occurred at <u>9:10 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Carl E. Heeger</u>		23b. ADDRESS <u>M. A. Keytesville Mo</u>	
23c. DATE SIGNED <u>12/30/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-31-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CITY-CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KEYTESVILLE - MO</u>	
DATE REC'D BY LOCAL REG. <u>1-8-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Keytesville Mo.</u>	

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

RECEIVED JAN 21

District Health Officer No. 2

District File Number.....

Date Filed 1-2-58

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.....

working under my personal supervision. *This Body Was not Embalmed* Student Embalmer No. ....

Signed *N. D. [Signature]*

Signed..... Student Embalmer

Licensed Embalmer No. 3046

P. O. Address Keytesville, Mo.

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.