

FILED DEC 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41859**

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BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Newtown</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Newtown</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deeds</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deeds</u> <u>73</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>700 S. Lafayette</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Wildman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 7 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 5, 1883</u>
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Carrier</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Wildman</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Garner</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Wildman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Pearl Brown</u> ADDRESS <u>700 S. Lafayette Deeds</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>Disease of the coronary arteries.</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</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.	
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) m.	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>Jan 4, 1949</u> , to <u>Dec 7, 1949</u> , that I last saw the deceased alive on <u>Nov. 15, 1949</u> , and that death occurred at <u>4:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles D. Chesto, D.O.</u>		23b. ADDRESS <u>Granby, Mo.</u>	23c. DATE SIGNED <u>12-11-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 9/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Deeds, Newtown, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec. 15, 1949</u>	REGISTRAR'S SIGNATURE <u>William C. Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Ernest Tope, Wheaton, Mo.</u>	

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.
District File Number 1249-241
Date Filed DEC 21 1949

DEC 28 1949

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 _____

James Kenneth Duncan
working under my personal supervision.

Student Embalmer No. 308

Signed James Kenneth Duncan
Student Embalmer

Signed Wm. Morris Logue
Licensed Embalmer No. 74426
P. O. Address Wheeler, 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.