

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5352

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 2040 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital		d. STREET ADDRESS (If rural, give location) 444 1/2 Jackson Street	

3. NAME OF DECEASED (Type or Print) a. (First) Ralph	b. (Middle) Morris	c. (Last) Wilder	4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 18, 1896	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner-manager Industrial Equipment Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Altamont, Missouri	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Edward Wilder	13b. MOTHER'S MAIDEN NAME Martha C. Yaulk	14. NAME OF HUSBAND OR WIFE Helen Lorraine Williams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. R. M. Wilder; Chillicothe, Missouri	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH 15 minutes	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction			2 wks
	DUE TO (c) Coronary occlusion			2 wks.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	170. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June, 1947, to 2 Feb., 1950, that I last saw the deceased alive on 2 Feb., 1950, and that death occurred at 11:17 A.M., from the causes and on the date stated above.

23a. SIGNATURE Charles M. Grace M.D.	23b. ADDRESS Chillicothe, Mo.	23c. DATE SIGNED 3 Feb. 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-4-50	24c. NAME OF CEMETERY OR CREMATORY Altamont	24d. LOCATION (City, town, or county) (State) Altamont, Missouri
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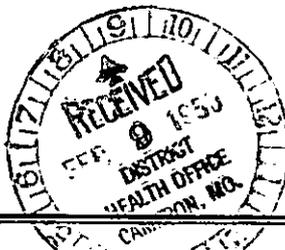
DATE REC'D BY LOCAL REG. FEB-3-50	REGISTRAR'S SIGNATURE Frances W. Neill	171	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman H. ... Chillicothe, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0592

0592

APR 19 1950



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.....

J. M. Gibson.....

Student Embalmer No. 305.....

working under my personal supervision.

Student

*Joseph M. Gibson*  
Student Embalmer

Signed

*Elton Norman*

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, Missouri.....

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.