

FILED MAR 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9317

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 85	
1. PLACE OF DEATH a. COUNTY MARION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY MONROE			
b. CITY (If outside corporate limits, write RURAL and give township) HANNIBAL		c. LENGTH OF STAY (In this place) 1 DA.		c. CITY (If outside corporate limits, write RURAL and give township) PARIS		0690	
d. FULL NAME OF HOSPITAL OR INSTITUTION LEVERING HOSPITAL				d. STREET ADDRESS (If rural, give location) W. MONROE ST. 1			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) BENSON		c. (Last) WILT		4. DATE OF DEATH MAR 9, 1951	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH MAR 8, 1951	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) HANNIBAL, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME BILLIE P. WILT			13b. MOTHER'S MAIDEN NAME RACHEL HAWKINS			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 BILLIE P. WILT, PARIS, Mo			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Maternal pre-eclampsia DUE TO (c) -				INTERVAL BETWEEN ONSET AND DEATH 3 hrs 2 mths 7695	
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) -		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 3-8, 1951 , to 3-9, 1951 , that I last saw the deceased alive of 3-9, 1951 , and that death occurred at 20 m. , from the causes and on the date stated above.							
23a. SIGNATURE Anna S. Sudich MD				23b. ADDRESS Hannibal, Mo		23c. DATE SIGNED 3-12-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIED		24b. DATE 2-10-51		24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		24d. LOCATION (City, town, or county) (State) PARIS, MISSOURI	
DATE REC'D BY LOCAL REG. 3-13-51		REGISTRAR'S SIGNATURE Dr. E. M. Lucke		25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakey		ADDRESS PARIS, MO	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 13 1951
PARSON CO. HEALTH DEPT.
DATE FILED MAR 1951

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.

.....
Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

.....
Licensed Embalmer No.....

.....
P. O. Address Paris, 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.