S. No. 300
v. 10.48

FILED JUN 16 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21221

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5432 Registrar's No. 37

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

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give corporate) Sullivan R.R. MERAGE ~~Bonne~~
c. LENGTH OF STAY (in this place) 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Miller Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo.
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gerald 0360
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Dan Wilson b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) June 12-1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 23-1868
9. AGE (In years last birthday) 84 — 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) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Franklin Co. Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Wilson
13b. MOTHER'S MAIDEN NAME Katherine J. Miller
14. NAME OF HUSBAND OR WIFE Melvina Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Daniel E. Wilson — ADDRESS 106 N. Guernsey Collinsville, Ill.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1/2 hr.

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. General Arteriosclerosis — Years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-10-, 1953, *to* 6-12, 1953, *that I last saw the deceased alive on* 6-2-, 1953 *and that death occurred at* 64 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. E. Kilchell M.D.
23b. ADDRESS St. Clair Mo
23c. DATE SIGNED 6-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 14-1953
24c. NAME OF CEMETERY OR CREMATORY St Paul
24d. LOCATION (City, town, or county) Gerald Franklin (State) Mo

DATE REC'D BY LOCAL REG. 6-13-53
REGISTRAR'S SIGNATURE C. A. Kruston 97
29. FUNERAL DIRECTOR'S SIGNATURE E. J. Meyer — ADDRESS Gerald Mo

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Stanley E. Nuyen

Licensed Embalmer No. 4639

P. O. Address Gerald, 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.