

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27396**

BIRTH NO. **111** **20** 1953 REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6093** Registrar's No. **139**

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Marshall TWP</b>	c. LENGTH OF STAY (in this place) <b>4 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural *Marshall TWP</b> <b>0920</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. State School</b>		d. STREET ADDRESS (If rural, give location) <b>MO. State School</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b> b. (Middle) <b>Patterson</b> c. (Last) <b>Clark WILSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 12, 1953</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 1, 1878</b>	9. AGE (In years last birthday) <b>77</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supertendant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. State School</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
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13a. FATHER'S NAME <b>Robert Wilson I</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline F. Murray</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs Helen Wilson</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>494-24-9037</b>	17. INFORMANT'S SIGNATURE OR NAME <b>F.M. Wilson</b>		ADDRESS <b>Platte City, Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION <b>Carotid occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>18 hrs.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>			
	DUE TO (b) <b>None</b>			
	DUE TO (c) <b>None</b>			
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"/>
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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) <b>4201</b>
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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?
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22. I hereby certify that I attended the deceased from **7/11**, 19**53**, to **7/12**, 19**53** that I last saw the deceased alive on **7/12**, 19**53**, and that death occurred at **4:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title)	23b. ADDRESS <b>Marshall Mo</b>	23c. DATE SIGNED <b>7/13/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 15, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Platte City, Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Platte City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>July 14-1953</b>	REGISTRAR'S SIGNATURE <b>Sidney J Gray</b> <b>383</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Harry Hershberger</b>	ADDRESS <b>Marshall Mo</b>
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STATE

MAY 28 1954

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 Joseph R. Macklin  
Licensed Embalmer No. 4571

P. O. Address Marshall, W. Va.

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.