

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5729

State File No.

230
1

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

BIRTH NO. FILED FEB 24 1954 REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6964 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Preston Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Preston Twp.	
c. LENGTH OF STAY (in this place) 1 yr.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Kemper Scott b. (Middle) Wilson c. (Last) Wilson			4. DATE OF DEATH (Month) (Day) (Year) 2/19/1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/20/1894
9. AGE (In years last birthday) 59		10. IF UNDER 1 YEAR Months Days	10. IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Platte County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Harve Wilson	
13b. MOTHER'S MAIDEN NAME Nannie Petty		14. NAME OF HUSBAND OR WIFE Minnie L. Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO. —	
17. INFORMANT'S SIGNATURE OR NAME Chas. M. Wilson		ADDRESS Gashland, Rte. 1, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1/2 hour	
*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	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Medical resistant	
DUE TO (c) Nurses		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)	
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 Dec 15, 1953 , to Feb 12, 1954 , that I last saw the deceased alive on Feb 1, 1954 , and that death occurred at 6:45 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE W. H. Moore (Design or title)		23b. ADDRESS Dearborn, Mo	
23c. DATE SIGNED 2-19-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2/21/1954		24c. NAME OF CEMETERY OR CREMATORY Ridgley Cemetery	
24d. LOCATION (City, town, or county) (State) Platte Co., Mo.		25. FEDERAL DIRECTOR'S SIGNATURE Rollins - Nash Edgerton, Mo.	
DATE REC'D BY LOCAL REG. Feb. 20-54		REGISTRAR'S SIGNATURE Chas. M. Wilson ADDRESS 257-0	

MAR 24 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

Vivian R. Nash

Licensed Embalmer No.

3947

P. O. Address

Edgerton, 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.