

STANDARD CERTIFICATE OF DEATH

State File No. **9597**

FILED MAR 22 1954 REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3452** Registrar's No. **118**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 313 North Quincy, St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital			
3. NAME OF DECEASED (Type or Print) ROBERT		c. (Last) WILSON	
a. (First)		4. DATE OF DEATH (Month) (Day) (Year) March 12, 1954	
b. (Middle)			
5. SEX Male		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
6. COLOR OR RACE White		8. DATE OF BIRTH June 6, 1878	
9. AGE (In years) (Months) (Days) (Hours) (Mins.) 75			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Laborer	
11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Wilson		13b. MOTHER'S MAIDEN NAME Not Known	
14. NAME OF HUSBAND OR WIFE Anna Wilson			
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. 491-07-4507	
17. INFORMANT'S SIGNATURE OR NAME Anna Wilson, Sedalia, Missouri		ADDRESS	
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) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 3 months ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchectasis 4200 10 yrs	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb , 19 53 , to 12 Mar , 19 54 , that I last saw the deceased alive on 12 Mar , 19 54 , and that death occurred at 3 A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) David R. Edwards M.D.		23b. ADDRESS Sedalia Mo	
23c. DATE SIGNED 3/12/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/13/1954	
24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
DATE REC'D BY LOCAL REG. 3/13/54		REGISTRAR'S SIGNATURE A. J. Campbell M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE W. E. Keckart		ADDRESS Sedalia, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

GILLESPIE FUNERAL HOME

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

Russell C. Maag

Licensed Embalmer No. *4804*

P. O. Address *Sedalia, 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.