

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

12611

State File No.

FILED MAY 7 1954

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Boston, Baker Twp. (Rural)</u>	
c. LENGTH OF STAY (In this place) <u>15 months</u>		d. STREET ADDRESS (If rural, give location) <u>0580</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bunton Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>Wild</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, 1954</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb. 7, 1882</u>		9. AGE (In years last birthday) <u>72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Vienna, Austria</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Jacob Wild</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Edith Wild, (deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes, World War #1</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Arling Wild,</u> ADDRESS <u>New Boston, Mo.</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>ONE WEEK</u>
	b. ANTECEDENT CAUSES <u>C ENCEPHALOMALACIA</u>		
	c. DUE TO (b) <u>CEREBRAL ARTERIOSCLEROSIS</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>SEVERE CEREBRO-VASCULAR ACCIDENT</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>14 YEARS AGO E HEMIPARESIS</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>	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 SEPT. 1953, to APRIL 24, 1954, that I last saw the deceased alive on APRIL 23, 1954, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul T. Berry M.D.</u>	23b. ADDRESS <u>Marceline Mo.</u>	23c. DATE SIGNED <u>4-26-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 26, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nester Chapel Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>New Boston, Mo.</u>

DATE REC'D BY LOCAL REG. <u>4-26-54</u>	REGISTRAR'S SIGNATURE <u>Mary Ann [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Larson Funeral Service</u>	ADDRESS <u>Bucklin, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *E. A. Larson*.....

Licensed Embalmer No. 4037.....

P. O. Address Bucklin, 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.