

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40307

State File No.

FILED DEC 29 1954

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5161 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Bloomfield</u>		c. CITY OR TOWN <u>New Bloomfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>life</u>		e. STREET ADDRESS (If rural, give location) <u>IN TOWN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GROVER</u>	b. (Middle) <u>Cleveland</u>	c. (Last) <u>Wilson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 19 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 28-1884</u>	9. AGE (in years last birthday) <u>70</u>	IF UNDER 1 YEAR Days <u>2</u>	IF UNDER 24 HRS. Hours <u>21</u>	Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Motor Vehicle State</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State Employment</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Geo. W. Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Clatterbuck</u>	14. NAME OF HUSBAND OR WIFE <u>ERNA M. Wilson</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>492-36-8171</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs G.C. Wilson</u>	ADDRESS <u>New Bloomfield</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 m</u>
	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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	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) _____
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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 July 1, 1954, to Dec 19, 1954, that I last saw the deceased alive on Dec 18, 1954, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. M. J. Runk M.D.</u> (Degree or title)	23b. ADDRESS <u>New Bloomfield Mo.</u>	23c. DATE SIGNED <u>Dec 20-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec 21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Bloomfield</u>	24d. LOCATION (City, town, or county) (State) <u>New Bloomfield Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/19/54</u>	REGISTRAR'S SIGNATURE <u>LeRoy Clayton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>LeRoy Clayton</u>	ADDRESS <u>New Bloomfield Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed..... *Lebery Clayton*

Licensed Embalmer No. *441*

P. O. Address *New Bloom*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.