

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4159

State File No. ....

FILED MAR 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5185 Registrar's No. 139

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural. Cape Girardeau</u> ) c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u> <u>0161</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dead on arrival at S.E. Hospital, Cape Gir.</u>		d. STREET ADDRESS (If rural, give location) <u>312 North Hope</u> <u>0</u>	
3. NAME OF DECEASED a. (First) <u>Robert</u> b. (Middle) <u>Kent</u> c. (Last) <u>Wilson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 4 1955</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>Nov. 26, 1883</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>News paper Publisher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Editor</u>	11. BIRTHPLACE (State or foreign country) <u>Jackson, Missouri</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Robert Pinkney Wilson</u>	
13b. MOTHER'S MAIDEN NAME <u>Lillian Seibert</u>		14. NAME OF HUSBAND OR WIFE <u>Anita H. Wilson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-38-0255</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Marvin Proffer, Jackson, Mo.</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest</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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 61</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>016 Cape Gir Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>March 4, 55 7:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>Auto Collision</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. J. Sigmund, Coroner</u>		23b. ADDRESS <u>Jackson Mo</u>	
23c. DATE SIGNED <u>3/5/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 7, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-7-55</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u> <u>44-0</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>M. W. ...</u>		ADDRESS <u>Jackson Mo</u>	

JUL 26 1955

DEC 4 1962

FEB 18 1955

MAR 18 1955

APR 17 1963

FEB 13 1963

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*BA Meyer*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3057*

P. O. Address *Jackson 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.