

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6990

BIRTH NO.		REG. DIST. NO. 337	PRIMARY REG. DIST. NO. 4499	Registrar's No. 10
1. PLACE OF DEATH a. COUNTY Shelby County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina Mo/		c. LENGTH OF STAY (in this place) 1 Mo.		c. CITY OR TOWN Shelbina
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) a. (First) CHARLEY		b. (Middle) CARL	c. (Last) WILSON	4. DATE OF DEATH (Month) (Day) (Year) 1-29-1955
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-14-1880	9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtr. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and State or Foreign Country) Randolph Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Moses Wilson		13b. MOTHER'S MAIDEN NAME Martha Hardesty	14. NAME OF HUSBAND OR WIFE Olif Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Olif Wilson, Shelbina, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Head Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443 X		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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Nov 20, 1954, to Jan 29, 1955, that I last saw the deceased alive on Jan 29, 1955, and that death occurred at 8:15 P.M., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) J. H. Tomei		23b. ADDRESS Shelbina Mo	23c. DATE SIGNED 1/31/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-31-1955	24c. NAME OF CEMETERY OR CREMATORY Maplewood Cemty.	24d. LOCATION (City, town, or county) (State) Clarence, Mo.	
DATE REC'D BY LOCAL REG. 2-9-55	REGISTRAR'S SIGNATURE Ada Garrison	419	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkelaw-Hawkins, Shelbina, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*W. H. Lewis*

Licensed Embalmer No. *349*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.