

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9069

State File No.

FILED APR 11 1955

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>101</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>SEDALIA</u>)		c. LENGTH OF STAY (in this place) <u>No stay</u>		c. CITY OR TOWN <u>SEDALIA</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>1504 S. Osage</u>				STREET ADDRESS (If rural, give location) <u>1504 S. Osage</u>			
3. NAME OF DECEASED (Type or Print) <u>MARY</u>		a. (First)		b. (Middle)		c. (Last) <u>WILD</u>	
4. DATE OF DEATH <u>April 8, 1955</u>		(Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov 11, 1853</u>		9. AGE (In years last birthday) <u>101</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Buffalo, New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Michael Wahl</u>		13b. MOTHER'S MAIDEN NAME <u>Mary (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Bernard L. Wild</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Minnie Clifford, Sedalia, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Dementia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of Hip</u> 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 <u>3 1/2 mos</u> <u>3 1/2 mos</u>	
19a. DATE OF OPERATION <u>Dec 26-34</u>		19b. MAJOR FINDINGS OF OPERATION <u>Nailing of Hip</u>		20. AUTOPSY? YES ☐ NO ☒		E9030 20	
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>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia Pettis Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 23 1954 10 PM</u>	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>Fell on floor of bedroom</u>					
22. I hereby certify that I attended the deceased from <u>19/44 to Apr 8, 1955</u> , that I last saw the deceased alive on <u>Apr 7, 1955</u> , and that death occurred at <u>6:00 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. L. Walter M.D.</u> (Degree or title)				23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>Apr 8/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/11/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4/9/55</u>		REGISTRAR'S SIGNATURE <u>Lavina Lewis Deputy</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>James E. ...</u>		ADDRESS <u>Sedalia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAY 2 1956

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.....
P. E. Baker

Licensed Embalmer No. *2419*
P. O. Address *Seclavia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.