

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20848**

FILED JUL 11 1955

BIRTH NO. 41419-55 REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4373 Registrar's No. 46

1050

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

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| 1. PLACE OF DEATH a. COUNTY SULLIVAN | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SULLIVAN | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILAN, MO | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILAN, MISSOURI | |
| c. LENGTH OF STAY (In this place) 4 days | | d. STREET ADDRESS (If rural, give location) 1050 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION SULLIVAN CO. MEMORIAL | | | |

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| 3. NAME OF DECEASED (Type or Print) | | a. (First) ROBERT | b. (Middle) CHARLES | c. (Last) WILSON | 4. DATE OF DEATH (Month) (Day) (Year) 6 30 1955 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED | | 8. DATE OF BIRTH 6-26-1955 | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months Days | IF UNDER 18 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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| 13a. FATHER'S NAME OLIVER WAYNE WILSON JR. | 13b. MOTHER'S MAIDEN NAME HELEN RUTH WILSON | 14. NAME OF HUSBAND OR WIFE NONE |
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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) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <i>Helen Wilson</i> | ADDRESS <i>Milan, Mo.</i> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 4 days |
| | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Failure</i> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Occanulinity</i> DUE TO (c) | | |
| 11. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) <i>Milan Sullivan Mo.</i> |
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| 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? |
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22. I hereby certify that I attended the deceased from 6/29, 1955, to 6/30, 1955, that I last saw the deceased alive on 6/30, 1955, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

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| 22a. SIGNATURE <i>Joseph S. Mayell, M.D.</i> | (Degree or title) M.D. | 23b. ADDRESS <i>Milan, Mo.</i> | 23c. DATE SIGNED 6/30/55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 24b. DATE 6/30/55 | 24c. NAME OF CEMETERY OR CREMATORY St. Marys Cem. | 24d. LOCATION (City, town, or county) (State) Milan - Mo |
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| DATE REC'D BY LOCAL REG. 7-2-1955 | REGISTRAR'S SIGNATURE <i>Mrs. H. P. Harris</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Schoerer's</i> | ADDRESS <i>Milan Mo</i> |
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(Licensed Embalmer's Statement on Reverse Side)

