

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27300**

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 207	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. LENGTH OF STAY (in this place) 8 years		c. CITY OR TOWN Moberly		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) 103 1/2 East Coates				STREET ADDRESS (If rural, give location) 103 1/2 East Coates			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES BENTON			b. (Middle) WILSON			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Aug-21-1955							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July-12-1904	
9. AGE (in years) (If under 1 year, last birthday) (If under 24 hrs., Hours) (Min.) 51		11. BIRTHPLACE (City and State or Foreign Country) Furnessville Mo.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) End Seaman		10b. KIND OF BUSINESS OR INDUSTRY Brown Shoe Factory		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Fred D. Wilson		13b. MOTHER'S MAIDEN NAME Minnie Sparks		14. NAME OF HUSBAND OR WIFE Martha Myrtle Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 491-02-1401		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Charles B. Wilson Moberly 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis 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 15 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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 Aug 20 , 19 55 , to Aug 21 , 19 55 , that I last saw the deceased alive on Aug 21 , 19 55 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ernie S. Jolly D.D.				23b. ADDRESS Moberly Mo		23c. DATE SIGNED 8/21/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 23-1955		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		24d. LOCATION (City, town, or county) (State) Moberly Mo.	
DATE REC'D BY LOCAL REG. Aug 23-55		REGISTRAR'S SIGNATURE Chas. Wilson		25. FUNERAL DIRECTOR'S SIGNATURE Cater. Funeral Home		ADDRESS Moberly 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 *P. M. Carter*.....

Licensed Embalmer No. *41*.....

P. O. Address *Woburn*.....

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.