No. 300
10-48

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

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32534

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: CEDAR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ELDORADO SPG'S
c. LENGTH OF STAY (In this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NICHOLS HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: COOPER
c. CITY OR TOWN: Boonville
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): RFD 029 0

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) H c. (Last) WILSON.

4. DATE OF DEATH: (Month) Oct (Day) 10 (Year) 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 6 - 1875

9. AGE (In years last birthday): 79 — 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): DRUGGIST

10b. KIND OF BUSINESS OR INDUSTRY: SALESMAN

11. BIRTHPLACE (City and State or Foreign Country): OHIO

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: NOT KNOWN

13b. MOTHER'S MAIDEN NAME: — NEFF

14. NAME OF HUSBAND OR WIFE: BESS WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs M L Deckenbach Boonville Mo

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Arteriosclerosis
DUE TO (c):

II. 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 [ ] NO [X]

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) m. — **21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 9-7, 1955, *to* 10-10, 1955, *that I last saw the deceased alive on* 10-10, 1955, *and that death occurred at* 11:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert L. Magee M.D. — **23b. ADDRESS**: El Dorado Springs, Mo. — **23c. DATE SIGNED**: 10-11-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — **24b. DATE**: 10-12-55 — **24c. NAME OF CEMETERY OR CREMATORY**: Walnut Grove — **24d. LOCATION** (City, town, or county) (State): Boonville Mo

DATE REC'D BY LOCAL REG.: 10-11-55 — REGISTRAR'S SIGNATURE: George W Nafus 418 — **25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Nafus Funeral Home El Dorado Spg's Mo

(Licensed Embalmer's Statement on Reverse Side)

NOV 4 19[illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George W. Mapes

Licensed Embalmer No. ~~[illegible]~~ 1752

P. O. Address El Dorado Kans

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.