

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37721**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia	c. LENGTH OF STAY (in this place) 44 yrs	c. CITY OR TOWN Sedalia	d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		STREET ADDRESS (If rural, give location) 1223 West 3rd 08⁰/10	

3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) FRANKLIN c. (Last) Wilson			4. DATE OF DEATH (Month) (Day) (Year) Nov 20 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 10 1883		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (City and State or Foreign Country) Mount Vernon Ill.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME George Wilson		13b. MOTHER'S MAIDEN NAME Amelia Guthrie		14. NAME OF HUSBAND OR WIFE Camilla Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 491-07-4900		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Camilla Wilson	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X		INTERVAL BETWEEN ONSET AND DEATH 2 da	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11-19**, 19**55**, to **11-20**, 19**55**, that I last saw the deceased alive on **11-20**, 19**55**, and that death occurred at **11:55 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. B. Boyer M.D.		23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 11/20/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-22-55		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
24d. LOCATION (City, town, or county) Sedalia		24e. (State) Mo			
DATE REC'D BY LOCAL REG. 11-22-55		REGISTRAR'S SIGNATURE Arvin Coontz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Bros Sedalia	

Licensee Embalmer's Statement on Reverse Side

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

9561 9 1 1917

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.....
K. P. M. C. Gray

Licensed Embalmer No. 318

P. O. Address.....
Sedalia

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.