No. 300
10.48

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

FILED MAR 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5883

BIRTH NO. _____ REG. DIST. NO. 28 PRIMARY REG. DIST. NO. 6-962 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Marshall Twn.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Platte
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Marshall Twn. 0820

3. NAME OF DECEASED (Type or Print): a. (First) Steven Lee b. (Middle) Wils c. (Last) Wilson
4. DATE OF DEATH: (Month) Feb. (Day) 15, (Year) 1956
5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): child
8. DATE OF BIRTH: March 6, 1949
9. AGE (In years last birthday): 6 — 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): child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Atchison, Kans
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: James Wilson
13b. MOTHER'S MAIDEN NAME: Mary L. Gill
14. NAME OF HUSBAND OR WIFE: XX
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.: none
17. INFORMANT'S SIGNATURE OR NAME: James Wilson ADDRESS: Rushville, 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) Mongolian — INTERVAL BETWEEN ONSET AND DEATH

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

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 253X
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) 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* Feb 15, 1956, *to* Feb 15, 1956, *that I last saw the deceased alive on* Feb 15, 1956, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) D.O.
23b. ADDRESS: 54 Missouri 823 Faraon Street St. Joseph
23c. DATE SIGNED: 2-17-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-17-56
24c. NAME OF CEMETERY OR CREMATORY: Mt. Bethel Cemetery
24d. LOCATION (City, town, or county) (State): Weston, Platte Co. Mo.

DATE REC'D BY LOCAL REG.: 2-17-56
REGISTRAR'S SIGNATURE: Ophia Rollins 257
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Vaughn Funeral Home Weston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 1956
RECEIVED
STATE DIRECT
HEALTH DEPT
BY

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. R. Vaugh

Licensed Embalmer No. 402

P. O. Address Weston M

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