No. 300
10.48

FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7970

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
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): 100 Block of W. Liberty

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN: Mexico
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 21 Quantico Road

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3. NAME OF DECEASED (Type or Print)
a. (First): Raymond
b. (Middle): Estil
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1956

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 10, 1901
9. AGE (In years last birthday): 55 — 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): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Excavation
11. BIRTHPLACE (City and State or Foreign Country): Audrain Co., Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Otha H. Wilson
13b. MOTHER'S MAIDEN NAME: Willie E. Moore
14. NAME OF HUSBAND OR WIFE: Edna Beatrice Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 491-14-1845
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Raymond Wilson, Mexico, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
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) Coroner's Inquest with out Jury.
The deceased died in his truck on the streets of Mexico, Mo.
ANTECEDENT CAUSES with out medical attention. No indications of
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) violence or foul play. History showed that
DUE TO (c) the deceased suffered from a heart condition
II. OTHER SIGNIFICANT CONDITIONS and was treated for the same in 1954
Conditions contributing to the death but not related to the disease or condition causing death. by K. D. Swan DO. Findings by Coroner
was coronary occlusion that caused
death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

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21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mexico Audrain Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] NONE
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* Coroners investigation without Jury *last saw the deceased alive on* Died March 27, 1956 *and that death occurred at* 2:30 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. C. Adams MD Coroner
23b. ADDRESS: Mexico Audrain Mo.
23c. DATE SIGNED: 3-28-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-29-1956
24c. NAME OF CEMETERY OR CREMATORY: East Lawn Memorial Park
24d. LOCATION (City, town, or county) (State): Mexico, Missouri

DATE REC'D BY LOCAL REG.: Mar 29-1956
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Arnold Funeral Home Mexico, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 17 1956

SEP 25 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roy Miller

Licensed Embalmer No. 44

P. O. Address Mexico

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.