

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14126**

BIRTH NO. _____		REG. DIST. NO. 248		PRIMARY REG. DIST. NO. 5544		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton			
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN Seneca Rural)		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Rural Seneca		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi. no. of Seneca				e. STREET ADDRESS (If rural, give location) 2 mi no. of Seneca			
3. NAME OF DECEASED (Type or Print) a. (First) Charles Elmer		b. (Middle) _____		c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) Apr. 28, 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Mar.		8. DATE OF BIRTH May 4, 1882		9. AGE (In years last birthday) 73 UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) Fruit packer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Peoria, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Samuel Wiley Wilson			13b. MOTHER'S MAIDEN NAME Isabel E. Hoff		14. NAME OF HUSBAND OR WIFE Lucy Elizabeth Wilson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lucy Wilson, Rt 2, Seneca, 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) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 5 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension with cardiomyopathy 10 yrs DUE TO (c) Arteriosclerosis 15 yrs 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 _____		20. AUTOPSY? 443x 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) _____		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 July , 1953, to Apr 28, 1956 that I last saw the deceased alive on Apr 26, 1956 and that death occurred at 11:25 AM , from the causes and on the date stated above.							
23a. SIGNATURE John B. Roberts		(Degree or title) _____		23b. ADDRESS PO Box 295 Seneca Mo.		23c. DATE SIGNED 5/1/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-30-56		24c. NAME OF CEMETERY OR CREMATORY Wilson Cem.		24d. LOCATION (City, town, or county) (State) Newton Co. Mo.	
DATE REC'D BY LOCAL REG. 5-3-56		REGISTRAR'S SIGNATURE Mrs. Irene Russell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W E B. Blum Seneca Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

RECEIVED

District Health Officer No. *Newton*
District File Number *56-63*
Date Filed *MAY 7 1956*

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 *W. G. Beddell*

Licensed Embalmer No. *211*

P. O. Address *Seneca*

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.