

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15667**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 561	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 26 yrs		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Die Hour Nursing Home 218 South 10th St.				e. STREET ADDRESS (If rural, give location) 1019 Sixth Avenue			
3. NAME OF DECEASED (Type or Print) MARVIN REED WILSON			4. DATE OF DEATH (Month) (Day) (Year) May 17 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 25, 1872		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Eagleville Missouri		12. CITIZEN OF WHAT COUNTRY? U S A		
13a. FATHER'S NAME William Henry Harrison Wilson		13b. MOTHER'S MAIDEN NAME Ellen S. Gardner		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Not known	17. INFORMANT'S SIGNATURE OR NAME Mrs. Harold Paxton				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardio Renal failure ANTECEDENT CAUSES MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Chronic Myo carditis with mitral insufficiency DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cirrossis of the Liver				INTERVAL BETWEEN ONSET AND DEATH 30 days 2 yrs. Ukn.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442X			20. AUTOPSY? 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 6-5- , 19 53 , to 5-17- , 19 56 that I last saw the deceased alive on 5-16 , 19 56 , and that death occurred at 2:34A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. J. Mundy M.D.				23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 5/21/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-20-56	24c. NAME OF CEMETERY OR CREMATORY Moray Cemetery		24d. LOCATION (City, town, or county) (State) Moray Kansas			
DATE REC'D BY LOCAL REG. May 25, 1956		REGISTRAR'S SIGNATURE Robert M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stamley Funeral Home St. Joseph, Mo			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles M. Hanna*

Licensed Embalmer No...44

P. O. Address..Wathena,

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