

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17261

State File No. 215

BIRTH NO. 392 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 215

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) OR TOWN Sedalia, Mo.		c. CITY OR TOWN Sedalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		e. STREET ADDRESS (If rural, give location) 1941 East 6th	

3. NAME OF DECEASED (Type or Print) a. (First) SHIRLEY b. (Middle) MARIE c. (Last) WILSON		4. DATE OF DEATH (Month) (Day) (Year) May 20, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 19, 1956
9. AGE (In years last birthday) 2		10. AGE (In years last birthday) 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *****		10b. KIND OF BUSINESS OR INDUSTRY *****	
11. BIRTHPLACE (City and State or Foreign Country) Sedalia Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Forrest Wilson	13b. MOTHER'S MAIDEN NAME Lucille Bales	14. NAME OF HUSBAND OR WIFE *****
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) *****	16. SOCIAL SECURITY NO. *****	17. INFORMANT'S SIGNATURE OR NAME Forrest Wilson	ADDRESS 1941 E. 6th Sedalia
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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.		19. MEDICAL CERTIFICATION a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Pneumonia b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. c. DUE TO (b) d. DUE TO (c) e. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. INTERVAL BETWEEN ONSET AND DEATH 3 hours	
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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) 776X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **May 19, 1956**, to **May 20, 1956**, that I last saw the deceased alive on **May 20, 1956**, and that death occurred at **12 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Donald E. Proctor M.D.	23b. ADDRESS Sedalia, Mo.	23c. DATE SIGNED 20 May 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 21, 1956	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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DATE REC'D BY LOCAL REG. 5-21-1956	REGISTRAR'S SIGNATURE Lavina Coates, Deputy	FEDERAL DIRECTOR'S SIGNATURE William C. Brown	ADDRESS Sedalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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..... *R. C. Baker*

Licensed Embalmer No. *241*

P. O. Address *Seelala*

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.