

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1956

State File No. 21630  
Registrar's No. 170

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b>		c. CITY OR TOWN <b>St Charles</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 year</b>		e. STREET ADDRESS (If rural, give location) <b>Rural Rt 4</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Rural Rt 4</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>James Mathew</b>	b. (Middle)	c. (Last) <b>Wilson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 15 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug. 10 1945</b>	9. AGE (In years last birthday) <b>10</b>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>London England</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Paul C Wilson</b>	13b. MOTHER'S MAIDEN NAME <b>Patricia Piggott</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Paul C Wilson</b>	ADDRESS <b>St Charles Mo</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gun Shot.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Gun Shot by.</b> DUE TO (c) <b>Falling on gun.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>9191</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>43</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Resident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) <b>St. Charles St. Charles Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 15 1956 4:30 P</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Discharge of Gun by falling</b>
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22. I hereby certify that I attended the deceased **from** alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **4:30 P.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Marie Murchay</b>	(Degree or title) <b>Cover</b>	23b. ADDRESS <b>Wentzville Mo</b>	23c. DATE SIGNED <b>June 20, 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 18 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Charles Mo</b>
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DATE REC'D BY LOCAL REG. <b>June 21 1956</b>	REGISTRAR'S SIGNATURE <b>Francis Hammett</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter C. ...</b>	ADDRESS <b>St Charles Mo.</b>
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(Licensed Embellisher's Statement on Reverse Side)

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

284  
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**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.....  
*Walter C. Bane*

Licensed Embalmer No. *215-1*

P. O. Address *St. Charles*

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.