

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34728**

FILED NOV 1 - 1956

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **5706** Registrar's No. **209**

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ludlow Monroe Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ludlow,	
c. LENGTH OF STAY (in this place) 18 yrs		d. STREET ADDRESS (If rural, give location) 0590	
d. FULL NAME OF HOSPITAL OR INSTITUTION Own home			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) RONALD b. (Middle) CLAYBURN c. (Last) WILSON		Oct. 24, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Dec. 3, 1899
9. AGE (In years last birthday) 56		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) mechanic		10b. KIND OF BUSINESS OR INDUSTRY Automobile	11. BIRTHPLACE (State or foreign country) Ludlow, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Charles E. Wilson		13b. MOTHER'S MAIDEN NAME Emma May Flamm	14. NAME OF HUSBAND OR WIFE never married
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Emma Wilson, Ludlow, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH approx 5 days several yrs several yrs			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331x		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) m.	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 Oct 19, 1956 to Oct. 22, 1956 , that I last saw the deceased alive on Oct 22, 1956 , and that death occurred at 12:45 p.m. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. J. H. Bridges DO		23b. ADDRESS Braymer, Mo	23c. DATE SIGNED Oct. 25, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Oct. 27, 1956	24c. NAME OF CEMETERY OR CREMATORY McCrosky Cem.	24d. LOCATION (City, town, or county) (State) Ludlow, Missouri
DATE REC'D BY LOCAL REG. 10-1-56	REGISTRAR'S SIGNATURE Walter H. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mead Funeral Service 87M Braymer, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

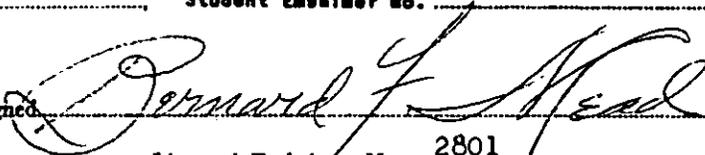
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 2801

P. O. Address Braymer, Mo

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 this body is not embalmed, fact should be so stated above.