No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4277

State File No. .....

FILED FEB 19 1957

BIRTH NO. ..... REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5428 Registrar's No. 2

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leslie Mo RR II Boone
c. LENGTH OF STAY (In this place): 73 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): His Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Franklin
c. CITY OR TOWN: Leslie RR II
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): RR II 0360 0

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Edward c. (Last) Wilson

4. DATE OF DEATH (Month) 2 (Day) 9 (Year) 57

5. SEX: Male
6. COLOR OR RACE: White 0
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: 1-30-84
9. AGE (In years last birthday): 73 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and State or Foreign Country): Leslie Mo RR II 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: James Wilson
13b. MOTHER'S MAIDEN NAME: Katherine Miller
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY: 500-28-[illegible] Yes
17. INFORMANT'S SIGNATURE OR NAME: Eugene Caldwell — ADDRESS: Gerald 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hanging (suicide)
DUE TO (c)

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: 974X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Leslie RR #2 - Boone - Franklin - Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 9 - 1957 7:30 P.M.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Hanging - Suicide

22. *I hereby certify that I attended the deceased from _____, 19__ to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Mo
23b. ADDRESS: Coroner Union Mo
23c. DATE SIGNED: 2/15/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-11-57
24c. NAME OF CEMETERY OR CREMATORY: St paul
24d. LOCATION (City, town, or county) (State): Gerald Mo

DATE REC'D BY LOCAL REG.: 2-15-1957
REGISTRAR'S SIGNATURE: John Charles Finley
25. FUNERAL DIRECTOR'S SIGNATURE: E J Meyer — ADDRESS: Gerald Mo

(Licensed Embalmer's Statement on Reverse Side)

503

SEB 27 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley E. Meyer

Licensed Embalmer No. 463

P. O. Address Charnois, [illegible]

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