

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16295

STATE FILE NUMBER

FILED MAY 27 1957

42

Registration District No. Primary Registration District No.

1000

Registrar's No.

563

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Oregon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hospital			Length of stay in lb 2 days		d. STREET ADDRESS (If outside, give location) (Rural) Lewis Twp		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Raymond Middle Asbury Last Wilson				4. DATE OF DEATH Month May Day 19th Year 1957										
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 28, 1901		9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR Months Days Hours Min.		11. IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Gen'l Farming		11. BIRTHPLACE (City and state or country) Holt County, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Findley Asbury Wilson						14. MOTHER'S MAIDEN NAME Nancy Fleener								
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. 489-40-9123		17. INFORMANT Address Mrs. Raymond Wilson, Oregon, Missouri								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension arterial DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Gastric Hemorrhage										INTERVAL BETWEEN ONSET AND DEATH 3 days Unknown				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)											
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.														
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE		
21. I attended the deceased from 5-17-57 to 5-19-57 and last saw ^{xx} him alive on 5-19-57 Death occurred at 11:00 a. m on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE (Degree or title) <i>Al Senne MD</i>						22b. ADDRESS 207 Pand S. Idg. St. Joseph, Missouri				22c. DATE SIGNED 5-22-57				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE May 21, 1957		23c. NAME OF CEMETERY OR CREMATORY Oregon Cemetery			23d. LOCATION (City, town, or county) (State) Oregon, Missouri						
24. FUNERAL DIRECTOR ADDRESS James H. Pettigrove Oregon, Mo.					25. DATE RECD. BY LOCAL REG. May 22, 1957			26. REGISTRAR'S SIGNATURE Koethen M. Allison						

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

+ 85

(Licensed Embalmer's Statement on Reverse Side)

FEB 10 1959

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 *James H. Pettigrew*
Licensed Embalmer No. *319*

P. O. Address *Oregon*

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.