

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 021791
State File No.

FILED JUN 18 1957

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>152</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Chillicothe</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Chillicothe</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Jail</u>				STREET ADDRESS (If rural, give location) <u>901 Webster Street</u> 05-920			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>(none)</u>		c. (Last) <u>WILSON JR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>June 14, 1925</u>	
9. AGE (In years last birthday) <u>31</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Livingston county</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles B. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Bertie Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Wilson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>559-28-7379</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bertie Hansen K.C. Lytle</u> ADDRESS <u>732 Lytle Missouri</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Poison - Barbiturate</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>40 mg barbiturate per 100 cc blood</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>County Jail</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chillicothe, Livingston, Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 27-57 11:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Took overdose of Sleeping Pills</u>			
22. I hereby certify that I attended the deceased from <u>None</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:15AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph A. Conrad M.D. (Coroner)</u>				23b. ADDRESS <u>Chillicothe, Mo</u>		23c. DATE SIGNED <u>June 14 57</u>	
23d. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-29-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wheeling, Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-14-57</u>		REGISTRAR'S SIGNATURE <u>Frances B Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Donald Gordon - Chillicothe Mo</u>			

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

NOV 19 1957

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 *Robert J. Jordan*
Signature of Student Embalmer

Signed by *Robert J. Jordan*
Licensed Embalmer No. *419*
P. O. Address *Chillicothe*

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.