

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27815**

FILED SEP 9 1957

BIRTH NO. _____ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **5382** Registrar's No. **69**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give town) Rural		c. CITY OR TOWN Excelsior Springs	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) 211 River St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION RR#1 Excelsior Springs, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Silas b. (Middle) Redman c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) August 3, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH November 10, 1897
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Man		10b. KIND OF BUSINESS OR INDUSTRY Real Estate	
11. BIRTHPLACE (City and State or Foreign Country) Ray County Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME John Mc Wilson		13b. MOTHER'S MAIDEN NAME Emiline O'Dell		14. NAME OF HUSBAND OR WIFE Evy Duncan	
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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. 500-12-4611A		17. INFORMANT'S SIGNATURE OR NAME Farris Wilson		ADDRESS RR#1 Excelsior Spgs, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized toxemia				INTERVAL BETWEEN ONSET AND DEATH sev. weeks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of descending colon and sigmoid				unk.	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153X				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **7/3**, 19 **57**, to **8/3**, 19 **57**, that I last saw the deceased alive on **8/3**, 19 **57** and that death occurred at **12:30 AM** from the causes and on the date stated above.

23a. SIGNATURE M. D.		(Degree or title) M. D.		23b. ADDRESS Excelsior Springs, Mo.		23c. DATE SIGNED 8/10/57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-5-57		24c. NAME OF CEMETERY OR CREMATORY New Garden Cemetery		24d. LOCATION (City, town, or county) (State) Ray County Missouri	
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DATE REC'D BY LOCAL REG. 8/22/57		REGISTRAR'S SIGNATURE Baroline Hutchings		25. FUNERAL HOME, ADDRESS Richard Funeral Home, Inc. Excelsior Springs, Missouri	
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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.....
Signature of Student Embalmer

Signed *Ralph Van Ledingham*
Licensed Embalmer No. *40*
P. O. Address *Galesburg, Ill.*

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.