

FILED AUG 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28669

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 262

1. PLACE OF DEATH
a. COUNTY Linn
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY Linn

b. CITY (if outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)
Marceline 16 da
c. CITY OR TOWN Marceline
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
St. Francis Hospital
e. STREET ADDRESS (If rural, give location).
217 W. Lake

3. NAME OF DECEASED a. (First) b. (Middle) c. (Last)
(Type or Print) Oly L Wilson
4. DATE OF DEATH (Month) (Day) (Year)
8/19/57

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH 10/12/1891
9. AGE (in years last birthday) IF UNDER 1 YEAR IF UNDER 11 WKS.
65 10 7 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) 12. CITIZEN OF WHAT COUNTRY?
Farmer Retired Chariton, Co. USA

13a. FATHER'S NAME Fletcher Wilson 13b. MOTHER'S MAIDEN NAME Alice Fox 14. NAME OF HUSBAND OR WIFE Lottie Wilson

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. 489-56-2308 17. INFORMANT'S SIGNATURE OR NAME ADDRESS.
Lottie Wilson Marceline, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident
INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis generalized
DUE TO (c) Precipitated by cerebral aneurysm

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Heart Aorta Aneurysm
Fractures multiple Rt. chest.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 4, 1957, to Aug 19, 1957, that I last saw the deceased alive on Aug 19, 1957, and that death occurred at 10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED
George J. Gray Marceline, Missouri 8-20-57

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)
B 8/21/1957 Roselawn Marceline, Mo

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
8-21-57 Broonis Owens James M Laughlin Marceline, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 29 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.....
Signature of Student Embalmer

Signed..... *Billy Jack Skinner*

Licensed Embalmer No... *478*

P. O. Address... *Madison*

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.