

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

1952

State File No.

FILED FEB 3 1958

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3048 Registrar's No. 537

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 township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (in this place) <u>12 days</u>	c. CITY OR TOWN <u>Chillicothe</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>337 Webster</u>		05920	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oxville</u>	b. (Middle) <u>Albert</u>	c. (Last) <u>Wilson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 27 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 13 1901</u>
9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>14</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver - Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking - Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clarksville Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Charles Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Albert</u>	14. NAME OF HUSBAND OR WIFE <u>Sidna Wilson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>514-30-5157</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Oxville Wilson Chillicothe</u> ADDRESS NO. <u></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; asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		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) <u>Chr pylonephrosis</u>			
DUE TO (c) <u>Spinal Cord injury 1948</u>			
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	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8-10-1957</u> to <u>1-27-1958</u> that I last saw the deceased alive on <u>1-27-1958</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. M. D. Oxwell, M.D.</u> (Degree or title)	23b. ADDRESS <u>Chillicothe MO</u>	23c. DATE SIGNED <u>1-28-58</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 29 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plainview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe MO</u>
DATE REC'D BY LOCAL REG. <u>1/28/58</u>	REGISTRAR'S SIGNATURE <u>Frances B. Reed</u>	25. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS <u>E.J. Robertson Funeral Home Chillicothe MO</u>	

JUN 25 1962

FEB 5 1958

FEB 10 1958

FEB 10 1958

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 *J. M. Robertson*

Licensed Embalmer No. *4388*

P. O. Address *Laredo*

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.