Health, Welfare Public Service

300
1-57

FILED JAN 22 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2216
STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Hayti — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Pemiscot County Memorial — Length of stay in 1b 11 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Hayti — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Rt #1 Box 91 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Arvel Middle Lee Last Wilson

4. DATE OF DEATH Month Day Year January 12, 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Dec 6, 1889
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months 1 Days 6 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Hayti, Mo
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Charles Wesley Wilson
13b. MOTHER'S MAIDEN NAME Liza Bell Massey
14. NAME OF HUSBAND OR WIFE Lula Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) I
16. SOCIAL SECURITY NO.
17. INFORMANT Address Lula Wilson Rt #1 Box 91 Hayti, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary infarct — INTERVAL BETWEEN ONSET AND DEATH 1-2-58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 12-26-57, to 1-12-58 and last saw ~~her~~ him alive on 1-12-58
Death occurred at 8:40 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. G. Shirley M.D.
22b. ADDRESS Hayti, Mo.
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-15-58
23c. NAME OF CEMETERY OR CREMATORY Dry Bayou Cemetery
23d. LOCATION (City, town, or county) North of Hayti (State) Mo.

24. FUNERAL DIRECTOR John W. German — ADDRESS Hayti, Mo
25. DATE REC'D. BY LOCAL REG. 1-15-58
26. REGISTRAR'S SIGNATURE John W. German

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1-21-58

JAN 21 1958

MAR 19 1958

JUN 4 1963

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAY 3 1958

VS AUG 26 1980

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 John H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo

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.