

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006803

STATE FILE NUMBER

FILED MAR 6 - 1958

Registration District No.

290

Primary Registration District No.

4427

Registrar's No.

38

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville		c. CITY OR TOWN Rural Miller	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If outside, give location) 0810	
Length of stay in lb 2 days		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Martin Middle Lee Last Wilson		4. DATE OF DEATH Month 2 Day 14 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/27/1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Collector Ret. Reliable Ins. Co. Halls, Missouri		11. BIRTHPLACE (City and state or country) U. S. A.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
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. 331X	
17. INFORMANT Mrs. Martin Wilson, Dixon, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arterio Sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 72 hrs	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 331X	
20c. TIME OF INJURY Hour 1 a.m. 1 p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Dixon, Cemetery		20f. CITY, TOWN, OR LOCATION Dixon, Missouri	
21. I attended the deceased from 2-12-58 to 2-14-58 and last saw her/him alive on 2-14-58 Death occurred at 12:05 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE R.D. Stewart (Deputy or title)	
22b. ADDRESS Waynesville Mo		22c. DATE SIGNED 2-28-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/16/1958	23c. NAME OF CEMETERY OR CREMATORY Dixon, Cemetery	23d. LOCATION (City, town, or county) (State) Dixon, Missouri
24. FUNERAL DIRECTOR Gilbert Funeral Home, Inc, Dixon, Mo.		25. DATE RECD. BY LOCAL REG. 2-28-58	
26. REGISTRAR'S SIGNATURE Paula Mae Anderson			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Maurice E. Schirbaum*

Licensed Embalmer No. *4505*

P. O. Address *Dixon, Missouri*

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.