

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021652

STATE FILE NUMBER

FILED JUL 7 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 668

300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Holden
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Burge Hospital		Length of stay in 1b 2 days	d. STREET ADDRESS (If outside, give location) 106 East 4th
3. NAME OF DECEASED (Type or print) First Wilbur Middle Albert Last Wilson			4. DATE OF DEATH Month June Day 27 Year 1958
5. SEX Male	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 7, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY Ministry	9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months 2 Days 20 IF UNDER 24 HRS. Hours 0 Min. 0
11. BIRTHPLACE (City and state or country) Preston, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME George Wilson		13b. MOTHER'S MAIDEN NAME Martha S. Dollarhide	14. NAME OF HUSBAND OR WIFE Golda 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. 490-42-3115	17. INFORMANT Address Golda Wilson, Holden, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive pulmonary embolus			INTERVAL BETWEEN ONSET AND DEATH 17 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (Site of origin not found at postmortem) .465X			
DUE TO (c) Pulmonary infarct, left lung, lower lobe			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	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 24 June 58 , to 27 June 58 and last saw ^{him} alive on 26 June 58 Death occurred at 4:45 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William W. Wood M.D. (Degree or title)		22b. ADDRESS Springfield Mo.	22c. DATE SIGNED 6/30/58
23a. BURIAL, CREMATION, REMOVAL Burial	23b. DATE 6-29-58	23c. NAME OF CEMETERY OR CREMATORY Fisher Cemetary	23d. LOCATION (City, town, or county) (State) Hickory County Mo.
24. FUNERAL DIRECTOR Allen W. Coughan ADDRESS Yrbang Mo		25. DATE RECD. BY LOCAL REG. 7-2-58	26. REGISTRAR'S SIGNATURE Effe S Metten

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. All diseases in Part II must be causally related. No symptoms were observed.

MAR 17 1959

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 *Allen W. Vaughan*

Licensed Embalmer No. *4156*

P. O. Address *Urban, Md.*

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.