

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022385
STATE FILE NUMBER

FILED JUL 8 1958 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 110

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1-57
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1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Iberia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Longs Nursing Home 6 yr		Length of stay in lb 666 o	d. STREET ADDRESS — (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last Woxie Cleon Wilson			4. DATE OF DEATH Month Day Year June 29, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 14, 1887
9. AGE (In years at birthday) 71		10. FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) Iberia, Mo
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Alex Smith	
13b. MOTHER'S MAIDEN NAME Adaline Bond		14. NAME OF HUSBAND OR WIFE James G. 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. —	
17. INFORMANT Beryl Whittle		Address Iberia, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis			INTERVAL BETWEEN ONSET AND DEATH 3 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerotic heart dis			
DUE TO (c) 4200			
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 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.)	
20f. CITY, TOWN, OR LOCATION Iberia		COUNTY Miller	
20g. STATE Mo			
21. I attended the deceased from April 1958 to 6-29-58 and last saw ^{her} alive on 6-28-58 Death occurred at 10:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B B Hunt, M.D. (Degree & title)		22b. ADDRESS Lebanon, Mo.	
22c. DATE SIGNED 7-2-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/2/58	
23c. NAME OF CEMETERY OR CREMATORY Iberia, Mo		23d. LOCATION (City, town, or county) (State) Iberia, Mo	
24. FUNERAL DIRECTOR Hedges Funeral Homes Inc ADDRESS Iberia, Mo		25. DATE RECD. BY LOCAL REG. 7-2-1958	
26. REGISTRAR'S SIGNATURE Willa L. Hays			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc., may use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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JUL 7 1958

Received

Laclede County Health Unit

File No.

110

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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 *Walter D. Redges*

Licensed Embalmer No. 426 P. O. Address *Kenia, 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.