

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024417
STATE FILE NUMBER

FILED JUL 3 1958 Registration District No. 366 Primary Registration District No. 6243 Registrar's No. 55

5. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>11000</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10 mi N.W. Potosi's Merc.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside give location) <u>10 mi N.W. Potosi</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Harrison Wilson</u>			4. DATE OF DEATH Month Day Year <u>June 20 1958</u>
5. SEX <u>male</u>	6. COLOR OF RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 20 1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Month Days Hours Min. <u>65 7</u>
11. BIRTHPLACE (City and state or country) <u>Washington Co Mo U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Harrison Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Annelle Montgomery</u>	14. NAME OF HUSBAND OR WIFE <u>Maud Wilson</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no, unknown) (If yes, give dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO.	17. INFORMANT (Address) <u>Maud Wilson Potosi RR 1</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Staph. Heart</u> DUE TO (b) <u>Carcinoma Colon</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			INTERVAL BETWEEN ONSET AND DEATH <u>1538.</u>
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 AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Dec 1957</u> to <u>June 24/58</u> and last saw him alive on <u>June 19 1958</u> Death occurred at <u>5-30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. Cresswell MD</u>		22b. ADDRESS <u>Potosi Mo.</u>	22c. DATE SIGNED <u>6/24/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>6-22-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>First Creek Embury</u>	23d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>
24. FUNERAL DIRECTOR <u>Mrs. Luther Sparks Potosi Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7/1/58</u>	26. REGISTRAR'S SIGNATURE <u>H. Cresswell</u>

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

JUL 29 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 *Murphy L. Spahr*

Licensed Embalmer No. *4236*

P. O. Address *Flat Room*

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.