

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

--58-024695

STATE FILE NUMBER

764

FILED JUL 28 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

5. 300  
1-57

All diseases in Part I must be causally related.

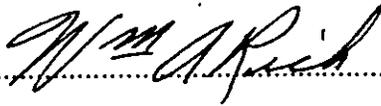
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Duchaux</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>Savannah 0020</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>806 West Pearl St.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Maymie Wilson</u>		4. DATE OF DEATH Month Day Year <u>July 18, 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 7, 1892</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9c. AGE (In years last birthday) <u>66</u>
10a. FATHER'S NAME <u>Charlie Finchum</u>		10b. BIRTHPLACE (City and state or country) <u>Rosendale, Missouri</u>	10c. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		11a. MOTHER'S MAIDEN NAME <u>Ida M<sup>e</sup> Elroy</u>	11b. NAME OF HUSBAND OR WIFE <u>George Wilson</u>
12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac dilatation with standstill</u>		12. INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic and hypertensive heart disease</u>		} <u>years.</u>	
DUE TO (c) <u>Extreme obesity</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Extreme obesity</u>		13. 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.) <u>4200</u>	
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>4200</u>	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>July 9, 1958</u> to <u>July 18, 1958</u> and last saw her alive on <u>July 17, 1958</u> Death occurred at <u>9:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Caryle Fetter, M.D.</u>		22b. ADDRESS <u>Phys. &amp; Surg. Bldg. St. Joseph, Missouri</u>	
22c. DATE SIGNED <u>7/21/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 20, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Savannah City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Savannah, Mo</u>	
24. FUNERAL DIRECTOR <u>W. A. Rich</u>		ADDRESS <u>Savannah, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>July 21, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Wm. Clark Woodell</u>	

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 .....  


Licensed Embalmer No. 4228  
P. O. Address Savannah, Ga.

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.