Health, & Welfare Public Service 80 1 5. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026610
STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 295 Primary Registration District No. 6012 Registrar's No. 345

1. PLACE OF DEATH a. COUNTY Randolph	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph
b. CITY OR TOWN Thomas Hill — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Thomas Hill 0880 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Edge of Thomas Hill — Length of stay in 1b 10 yrs	d. STREET ADDRESS (If outside, give location) Edge of Thomas Hill — Reside on Farm Yes [X] No [ ]

3. NAME OF DEECEASED (Type or print): First Johnnie Middle Edward Last Wilson

4. DATE OF DEATH: Month July Day 28 Year 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: June 9, 1907

9. AGE (In years last birthday): 51 — IF UNDER 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): Truck driver

10b. KIND OF BUSINESS OR INDUSTRY: Coal/General

11. BIRTHPLACE (City and state or country): Bynumville, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: William Jasper Wilson

13b. MOTHER'S MAIDEN NAME: Abealia Belle Tillotson

14. NAME OF HUSBAND OR WIFE: Minnie Schlichter Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 494-12-8031

17. INFORMANT: Mrs. Johnnie Wilson, Address: Clifton Hill, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Brain Hemorrhage	1 Hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Self-Inflicted Wound to the Head	1 Hour
DUE TO (c)	976 X	

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 [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Sitting in out-building, rifle to his right temple, pulled the trigger.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

20f. CITY, TOWN, OR LOCATION: Thomas Hill — COUNTY: Randolph — STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at 8:35 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Perry D. Jolly (Degree or title) P.O. Coroner 2

22b. ADDRESS: 203½ N. Clark, Moberly, Mo.

22c. DATE SIGNED: 7-29-58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 7/31/58

23c. NAME OF CEMETERY OR CREMATORY: Salisbury City Cemetery

23d. LOCATION (City, town, or county) (State): Salisbury, Missouri

24. FUNERAL DIRECTOR: Chas. B. Winkelmeyer — ADDRESS: Salisbury, Mo.

25. DATE RECD. BY LOCAL REG.: 7/31/58

26. REGISTRAR'S SIGNATURE: Mary A. Gentry

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 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.

Signed Chas B. Winkelmeyer

Student .....
Signature of Student Embalmer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.