

Health,  
& Welfare  
Public  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031477  
STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 337 Primary Registration District No. 6143 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <b>Shelby</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lentner Twp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>1020 Shelbina, Mo. Rural</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5 Miles Sw</b>		Length of stay in lb <b>17 years</b>	d. STREET ADDRESS (If outside, give location) <b>5 Miles Sw of Shelbina</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Lewis Craig Wilt</b>			4. DATE OF DEATH Month Day Year <b>9-6-1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-28-1903</b>
9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months Days Hours Min. <b>6 0 0 0</b>	IF UNDER 24 HRS. Hours Min. <b>0 0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (City and state or country) <b>Monroe Co., Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry Wilt</b>	
13b. MOTHER'S MAIDEN NAME <b>Lucy Lewis</b>		14. NAME OF HUSBAND OR WIFE <b>Willa Mae Wilt</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>492-03-5090</b>	17. INFORMANT Address <b>Mrs. Willa Mae Wilt Shelbina, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Anginia Pectoris</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4202</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 <b>4202</b>	COUNTY STATE
21. I attended the deceased from <b>July - 55</b> to <b>Sept 6 - 58</b> and last saw her alive on <b>Sept 6 - 58</b> Death occurred at <b>9:30p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>A.L. Caldwell D.O.</b>		22b. ADDRESS <b>Shelbina Mo</b>	22c. DATE SIGNED <b>Sept 9/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>9-8-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemtry</b>	23d. LOCATION (City, town, or county) (State) <b>Shelbina, Missouri</b>
24. FUNERAL DIRECTOR <b>Barkelaw &amp; Davis</b>		25. DATE RECD BY LOCAL REG. <b>Sept 9 - 58</b>	26. REGISTRAR'S SIGNATURE <b>Ada Garrison</b>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 18 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 *James D. Davis* .....

Licensed Embalmer No. *4478*

P. O. Address *Shelbina,*

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.