. Health,
& Welfare
. Public
h Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033804
STATE FILE NUMBER

FILED SEP 30 1958 Registration District No. 282 Primary Registration District No. 4424 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Humansville — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Dimmit Mem; — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE Missouri b. COUNTY Polk
c. CITY OR TOWN Humansville — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Perry Middle L Last Wilson

4. DATE OF DEATH Month Day Year Sept;20,1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH June 10,1880
9. AGE (In years last birthday) 78 — 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) Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Richmond Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John C.Wilson
13b. MOTHER'S MAIDEN NAME Samantha Brown
14. NAME OF HUSBAND OR WIFE Sibil 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.
17. INFORMANT Sibil Wilson Address Humansville Missouri

MEDICAL CERTIFICATION

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 1
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 4222
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 ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-16-58, to 9/20/58 and last saw ~~her~~ him alive on 9/16/58
Death occurred at 5:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G G Robinson M.D.
22b. ADDRESS Humansville, Mo.
22c. DATE SIGNED 9/20/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/22/58
23c. NAME OF CEMETERY OR CREMATORY Osceola
23d. LOCATION (City, town, or county) (State) Osceola Missouri

24. FUNERAL DIRECTOR Goodrich Home ADDRESS Osceola Mo
25. DATE RECD. BY LOCAL REG. Sept. 27 1958
26. REGISTRAR'S SIGNATURE Ralph Garden per Jewell Garden

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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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 J B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola Ne

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.