

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036122

STATE FILE NUMBER

FILED OCT 27 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1003

S. 300  
v. 1-57

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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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Springfield</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DOA Springfield Baptist</b>		Length of stay in 1b <b>25 yrs.</b>	d. STREET ADDRESS <b>0396 1949 Cairo</b>
3. NAME OF DECEASED (Type or print) First <b>MARTIN</b> Middle <b>GILMORE</b> Last <b>WILSON</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>19</b> Year <b>1958</b>
5. SEX <b>Male</b> <input type="radio"/>	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>Jan. 30, 1920</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Deputy Sheriff</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Law</b>	9. AGE (In years birthday) <b>38</b>
11. BIRTHPLACE (City and state or country) <b>Woodburn, Iowa /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Rex G. Wilson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary M. Martin</b>	14. NAME OF HUSBAND OR WIFE <b>Virginia Wilson</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes N.W. #2</b>		16. SOCIAL SECURITY NO. <b>491-05-3320</b>	17. INFORMANT Address <b>Mrs. Virginia Wilson, Springfield, 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>Probable Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>UNATTENDED BY A PHYSICIAN</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) <b>4201</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at <b>2:50 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James R. Moore, Jr.</b> (Degree or title) <b>5</b>		22b. ADDRESS <b>Greene County Health Officer, Springfield, Mo</b>	
		22c. DATE SIGNED <b>10-20-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10/22/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Springfield Greene Missouri</b>	
24. FUNERAL DIRECTOR <b>Ralph Thieme, Springfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-20-58</b>	
		26. REGISTRAR'S SIGNATURE <b>Effie E. Mellon</b>	

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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. Mason* .....

Licensed Embalmer No. .... 4568 .....  
P. O. Address .. Springfield, Mo ..

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.