

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010200
STATE FILE NUMBER

FILED APR 2 1959 Registration District No. 212 Primary Registration District No. 5780 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Eldon
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Rt. 1
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE CHRISTOPHER WILSON			4. DATE OF DEATH Month Day Year Mar. 25, 1959
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 25, 1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 47
11. BIRTHPLACE (City and state or country) Bates Co., Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Wilson		13b. MOTHER'S MAIDEN NAME Claude Smith	14. NAME OF HUSBAND OR WIFE Ruby Etter Wilson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Ruby Wilson Address Eldon, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Arrest DUE TO (b) Brain Destruction and Skull Fracture DUE TO (c) Shot Gun Blast PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Alcoholism			INTERVAL BETWEEN ONSET AND DEATH Immediate
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" 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 checked="" 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.) Yard of home	20f. CITY, TOWN, OR LOCATION COUNTY STATE Miller Mo.
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at 11:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>L. S. Humphreys, D.O., Coroner 3</i>		22b. ADDRESS Tuscumbia, Missouri	22c. DATE SIGNED 3-27-1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 27, 1959	23c. NAME OF CEMETERY OR CREMATORY Eldon
23d. LOCATION (City, town, or county) Eldon, Mo.		(State)	
24. FUNERAL DIRECTOR Louis D. Phillips		25. DATE RECD. BY LOCAL REG. Mar. 30, 1959	26. REGISTRAR'S SIGNATURE <i>Blverette Walt</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 22 1959

OCT 13 1959

Miller County
Health Department

STATEMENT BY LICENSED EMBALMER

APR 10 1959

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 *Louis H. Phillips*

Licensed Embalmer No. *2663*

P. O. Address *611 Ave*

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.