

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013931

STATE FILE NUMBER

FILED MAY 8 1959

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Lexington</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Higginsville</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Memorial Hosp.</i>		Length of stay in <i>1 Day</i>	d. STREET ADDRESS (If outside, give location) <i>215 E 18</i>
3. NAME OF DECEASED (Type or print) First <i>William</i> Middle <i>L.</i> Last <i>Wilson</i>		4. DATE OF DEATH Month <i>April</i> Day <i>22</i> Year <i>1959</i>	
5. SEX <i>man</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 15, 1876</i>
9. AGE (In years last birthday) <i>82</i>		FUNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm Owner</i>	11. BIRTHPLACE (City and state or country) <i>Higginsville, Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>J. H. Wilson</i>	
13b. MOTHER'S MAIDEN NAME <i>Betty Hartman</i>		14. NAME OF HUSBAND OR WIFE <i>Mr. Wm. H. Wilson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>494-40-7468</i>	17. INFORMANT Address <i>Mr. Wm. H. Wilson, Higginsville, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart <i>Myocardial infarction</i> DUE TO (b) <i>C.S.H.D.</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>Several days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (e.g., diabetes, hypertension, etc.) <i>Diabetes, Hypertension, Fatigue</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ 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	COUNTY STATE
21. I attended the deceased from <i>Apr. 1957</i> to <i>Apr. 22, 1959</i> and last saw him alive on <i>Apr. 21, 1959</i> Death occurred at <i>11 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>H. E. Frudersan M.D.</i>		22b. ADDRESS <i>Higginsville Mo.</i>	22c. DATE SIGNED <i>4-22-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Apr. 25, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Glean Hill</i>	23d. LOCATION (City, town, or county) (State) <i>South E. of Higginsville, Mo.</i>
24. FUNERAL DIRECTOR <i>Meigs-Rickhof-Higginsville Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>5-2-59</i>	26. REGISTRAR'S SIGNATURE <i>Wm. H. Wilson</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Roy F. Wiegman*

Licensed Embalmer No. *2883*

P. O. Address *Higginsville 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.