

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014490

FILED APR 16 1959

Registration District No. 294 Primary Registration District No. 3056 STATE FILE NUMBER Registrar's No. 76

300
-57

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Moberly</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Moberly</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>406 N. Buchanan</u>		Length of stay in lb <u>48 years</u>	d. STREET ADDRESS <u>406 N. Buchanan</u>
			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>VIRGIL</u> Middle <u>-</u> Last <u>WILSON</u>			4. DATE OF DEATH <u>April-9-1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May-1-1896</u>		9. AGE (If years, last birthday) <u>62</u>

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner Retired</u>		11. KIND OF BUSINESS OR INDUSTRY <u>-</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Hulet</u>		14. NAME OF HUSBAND OR WIFE <u>Georgia Wilson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-14-1448</u>		17. INFORMANT <u>Mrs. Virgil Wilson Moberly Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.?</u>
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) <u>443X</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>✓</u>	
20c. TIME OF INJURY Hour <u>5:45 P</u> Month, Day, Year a.m. p.m.		<u>✓</u>	

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.) <u>✓</u>		20f. CITY, TOWN, OR LOCATION <u>Moberly Mo.</u>	
21. I attended the deceased from Death occurred at <u>Oct 10/58</u> to <u>April 9/59</u> and last saw <u>him</u> alive on <u>April 9/59</u> m on the date stated above; and to the best of my knowledge, from the cause stated.		22a. SIGNATURE (Degree or title) <u>Dr. R. E. Huber MD</u>		22b. ADDRESS <u>Moberly Mo.</u>	
				22c. DATE SIGNED <u>4/10/59</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 11-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sugar Creek Cemetery</u>	
24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-11-59</u>		26. REGISTRAR'S SIGNATURE <u>Eda Lawrence</u>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

9-0

VS APR 21 1959

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 *R. M. Cater*

Licensed Embalmer No. *4117*
P. O. Address *Moberly 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.