

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026302

FILED VS AUG 5 1959

Registration District No. 207 Primary Registration District No. 6046 Registrar's No. 16

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wentzville	Length of stay in 1b 10 yrs.	c. CITY OR TOWN Wentzville	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION W. Femme Osage Road		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) W. Femme Osage Road

3. NAME OF DECEASED (Type or print) First Leonard Middle Elbert Last Wilson			4. DATE OF DEATH Month July Day 23 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-9-22	9. AGE (last birthday) 36	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Linn, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Dave S. Wilson	13b. MOTHER'S MAIDEN NAME Dorothy Brown	14. NAME OF HUSBAND OR WIFE Margaret E. Wilson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes W.W.#2	16. SOCIAL SECURITY NO. 498-12-1967	17. INFORMANT Margaret E. Wilson Wentzville, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Electrocution		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Shortage in elec. lamp cord which was grasped while bathing.		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Shock from elec. lamp
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20c. TIME OF INJURY Hour 7 Month, Day, Year 23-59 a.m. 1 p.m.
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION St. Charles	COUNTY Mo.	STATE Mo.
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21. I attended the deceased from **10:35 P** to **7-27-59** and last saw her alive on **7-27-59**
Death occurred at **10:35 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marie M. Crowder	22b. ADDRESS Wentzville Mo 7	22c. DATE SIGNED 7-27-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-27-1959	23c. NAME OF CEMETERY OR CREMATORY Emmanuel Ev. Cemetery	23d. LOCATION (City, town, or county) (State) Weldon Springs, Mo.
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24. FUNERAL DIRECTOR Baumann Bros. Inc	ADDRESS 2504-Woodson Rd-Overland-14-Mo.	25. DATE RECD. BY LOCAL REG. July 31 1959	26. REGISTRAR'S SIGNATURE Martin F. Guff
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(Licensed Embalmers Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1959 11 1

AUG 5 1959

SEP 22 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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.