

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-039120**

STATE FILE NUMBER

Registration District No. **483C** #A; **FILED VS DEC 11 1958 67** Primary Registration District No. Registrar's No. **573**

UNRECORDED

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BOLLINGER</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		Length of stay in 1b	c. CITY OR TOWN <b>LUTESVILLE</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADM. HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>ROUTE #2</b>	
3. NAME OF DECEASED (Type or print) First <b>ANDREW</b> Middle <b>EDMOND</b> Last <b>WILSON</b>			4. DATE OF DEATH Month <b>NOVEMBER</b> Day <b>25</b> Year <b>1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/2/98</b>	9. AGE (last birthday) <b>61</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AGRICULTURE</b>	11. BIRTHPLACE (City and state or country) <b>BOLIVER, TENNESSEE</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>MART WILSON</b>		13b. MOTHER'S MAIDEN NAME <b>JANE HAMMELL</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>		16. SOCIAL SECURITY NO. <b>498101136</b>		17. INFORMANT Address <b>VA HOSPITAL RECORDS, POPLAR BLUFF, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>HYPOSTATIC PNEUMONIA, RIGHT.</b>					<b>1 Week.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>HYPERTENSIVE HEART DISEASE, CHRONIC.</b>					<b>Unknown</b>
DUE TO (c) <b>DIABETES MELLITUS, CHRONIC.</b>					<b>Unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1. ENCEPHALOMALACIA, CHRONIC, RIGHT. 2. PYELONEPHRITIS, CHRONIC.</b>					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
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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. <b>VA</b> attended the deceased from <b>July 15, 1959</b> to <b>Nov. 25, 1959</b> and last saw her <b>live-on</b> Death occurred at <b>5:55 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>J. LESTER HAMMELL, M.D., Actg. Pathologist</b>			22b. ADDRESS <b>VA HOSPITAL, POPLAR BLUFF, MO.</b>		22c. DATE SIGNED <b>11/25/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>11-27-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Plainview Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Lutesville, Mo.</b>
24. FUNERAL DIRECTOR <b>Frank-Cotrell Poplar Bluff, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>12/2/59</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Charles E. Mungy

Licensed Embalmer No. 4877

P.O. Address Poplar Bluff

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.