

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041108

FILED VS DEC 7 1959

248

Primary Registration District No. 5941

Registrar's No. 22

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri		b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buffalo		Length of stay in 1b		c. CITY OR TOWN rt 3, Neosho	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mi. E. of Seneca		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6 mi. E. of Seneca	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					

3. NAME OF DECEASED (Type or print) First Middle Last Charles Melton Wilson			4. DATE OF DEATH Month Day Year Nov. 27, 1959		
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 Aug. 3, 1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Newton Co., Missouri U.S.A.	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME Milton Wilson			
13b. MOTHER'S MAIDEN NAME Mary Ann Hix		14. NAME OF HUSBAND OR WIFE Mabel			
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. -----		17. INFORMANT Address Mrs. Mabel Wilson, rt 3, Neosho, Mo	

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 10 yrs
IMMEDIATE CAUSE (a) Cerebral hemorrhage			
DUE TO (b) arteriosclerosis			
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

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 a.m. p.m.	Month, Day, Year		

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 Seneca Mo.	COUNTY Seneca	STATE Missouri
21. I attended the deceased from Nov. 19 '59 to Nov. 27 '59 and last saw him alive on Nov. 25-59 Death occurred at 1:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) John B. Roberts D.O.		22b. ADDRESS Seneca Mo.		22c. DATE SIGNED 11/28/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/29/59	23c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery	23d. LOCATION (City, town, or county) (State) Seneca, Missouri	

24. FUNERAL DIRECTOR W. H. Williams	ADDRESS Seneca Mo	25. DATE RECD. BY LOCAL REG. 12-2-59	26. REGISTRAR'S SIGNATURE Mrs. Irene Russell
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 17 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 W E Biddle

Licensed Embalmer No. 2175

P. O. Address Geneva

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.