

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009671

STATE FILE NUMBER

FILED VS. MAR 10 1960

360

Primary Registration District No. 4529

Registrar's No. 47

INDEXED

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Metz, Missouri		Length of stay in 1b 80 yrs.		c. CITY OR TOWN Metz, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home, Metz, Missouri			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Clarence Middle O. Last Wilson				4. DATE OF DEATH Month 2 - Day 24 - Year 1960									
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 2-30-1877		9. AGE (last birthday) 82		IF UNDER 1 YEAR Months 6 Days 24 Hours Min. 		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Operator			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Bates County Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Charles B. Wilson				13b. MOTHER'S MAIDEN NAME Rosa Frank				14. NAME OF HUSBAND OR WIFE Bertha Wilson					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none				16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Karl Wilson, Son, Metz, Missouri							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia										INTERVAL BETWEEN ONSET AND DEATH 3 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Hyperstatic congestion		8 days	
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardio vascular Renal disease - 10 yrs.								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			COUNTY		STATE			
21. I attended the deceased from Feb. 23, 1949 to Feb. 24, 1960 and last saw ^{XX} him alive on Feb. 15, 1960 Death occurred at Metz, Missouri 1:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>[Signature]</i> (Degree or title) R. B. Wray, M.D.						22b. ADDRESS Moore Bldg., Nevada, Missouri			22c. DATE SIGNED 2/26/1960				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-27-1960		23c. NAME OF CEMETERY OR CREMATORY Ball Town, Cemetery			23d. LOCATION (City, town, or county) (State) near Horton, Missouri						
24. FUNERAL DIRECTOR Hays Funeral Service, Inc. ADDRESS Nevada, Missouri				25. DATE RECD. BY LOCAL REG. 3-1-1960				26. REGISTRAR'S SIGNATURE <i>[Signature]</i>					

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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard L. Lipper

Licensed Embalmer No. 5052

P. O. Address St. Louis 16

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.