

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS MAR 30 1960

60-011757

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 53 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Randolph</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Macon</u>		Length of stay in lb <u>1 Day</u>	c. CITY OR TOWN <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>H04 Taylor</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>RICHARD LEROY WILSON</u>			4. DATE OF DEATH Month Day Year <u>March-3-1960</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>8-30-24</u>	9. AGE (last birthday) <u>35</u>	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) <u>Rural Milk Route</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy Belt Cheese</u>		11. BIRTHPLACE (City and state or country) <u>Moberly MO.</u>	
13a. FATHER'S NAME <u>Charles Benton Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Myrtle Chaney</u>		14. NAME OF HUSBAND OR WIFE <u>Imogene Wilson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes War #2</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs. Imogene Wilson Moberly</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Basal skull fracture</u>			INTERVAL BETWEEN ONSET AND DEATH <u>11 hrs.</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 (e)			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 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.) <u>Train struck truck he was driving</u>
20c. TIME OF INJURY <u>11:45</u> Hour <u>a.m.</u> Month, Day, Year <u>3/3/60</u>		
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.) <u>Highway 36</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Lentree Shelby MO</u>
21. I attended the deceased from <u>March 3</u> , to <u>same</u> and last saw her/him alive on <u>same</u> . Death occurred at <u>11:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>Kenn E. Coughill M.D.</u>	22b. ADDRESS <u>Macon MO</u>	22c. DATE SIGNED <u>3/12/60</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>March 6 60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>
24. FUNERAL DIRECTOR <u>Cater Funeral Home</u>	ADDRESS <u>Moberly MO.</u>	25. DATE RECD. BY LOCAL REG. <u>3/15/60</u>
26. REGISTRAR'S SIGNATURE <u>Paul R. Gandy</u>		

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

VS APR 8 1960

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 R. M. Carter

Licensed Embalmer No. 14117

P. O. Address Moberly

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.