

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014208

FILED VS MAY 10 1960

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 13

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Centralia</u>		Length of stay in lb <u>4 yrs.</u>		c. CITY OR TOWN <u>Centralia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>211 S. Collier</u>				d. STREET ADDRESS (If outside, give location) <u>211 S. Collier</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Hull</u> Last <u>Wilson</u>				4. DATE OF DEATH Month <u>May</u> Day <u>7</u> Year <u>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>Nov. 26-1897</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>11</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Andrew County, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Charlie Wilson</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Crawford</u>			13c. NAME OF HUSBAND OR WIFE <u>Malde Wilson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> <u>None</u>				16. SOCIAL SECURITY NO. <u>495-36-4377 A</u>				17. INFORMANT <u>Mrs. Malde Wilson, Centralia, Mo.</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>Medullary Failure</u> DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Arteriosclerosis, generalized</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>Hours</u> <u>4 1/2 days</u> <u>few years</u>			
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.) <u></u>					
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>		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.) <u></u>		20f. CITY, TOWN, OR LOCATION <u>Centralia</u>		COUNTY <u>MO</u>		STATE <u></u>			
21. I attended the deceased from <u>4-2-43</u> to <u>5-7-60</u> and last saw him alive on <u>5-7-60</u> Death occurred at <u>2125 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Porter R. D.</u>				22b. ADDRESS <u>Centralia MO</u>		22c. DATE SIGNED <u>5-7-60</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/8/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Centralia, MO</u>			
24. FUNERAL DIRECTOR <u>Paul O. Ballew, Centralia, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>May 7-1960</u>		26. REGISTRAR'S SIGNATURE <u>Maud M. Bride</u>			

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

*Paul J. Baller*

Licensed Embalmer No. 4206

P. O. Address Centerville,

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.