

# I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014635

ED VS MAY 6 1960 77

Primary Registration District No. 3016 Registrar's No. 147

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Miller</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		Length of stay in 1b <b>hours</b>	c. CITY OR TOWN <b>Eldon</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Still Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>East 4th Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>LOGAN HAROLD WILSON</b>			4. DATE OF DEATH Month Day Year <b>April 14 1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-2-16</b>	9. AGE (last birthday) <b>43</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>Chief of Police</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City of Eldon</b>	11. BIRTHPLACE (City and state or country) <b>Etterville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jasper Wilson</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Bond</b>		14. NAME OF HUSBAND OR WIFE <b>Lucille Wilson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW II</b>		16. SOCIAL SECURITY NO. <b>493-03-2446</b>	17. INFORMANT Address <b>Lucille Wilson, Eldon, Missouri</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>Acute Medullary Paralysis</b>		
DUE TO (b) <b>Spontaneous Subarachnoid Hemorrhage w/ increased intracranial pressure</b>		
DUE TO (c) <b>Ruptured Congenital Cerebral aneurysm</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</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. I attended the deceased from <b>4/22/56</b> to <b>4/14/60</b> and last saw him alive on <b>4/14/60</b> Death occurred at <b>5:18</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <i>Chas. E. Still Hosp.</i>		22b. ADDRESS <b>Chas. E. Still Hosp. Jefferson City, Mo.</b>	22c. DATE SIGNED <b>4/15/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-16-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Allen Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Miller Co., Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Louis D. Phillips Eldon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>19 APR 1960</b>	26. REGISTRAR'S SIGNATURE <i>R.P. Morris</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*Rec'd - certified to State Health Dept. 4/28/60*

VS MAY 6 - 1960

STATEMENT BY LICENSED EMBALMER

MAY 11 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Don E. Phillips, Student Embalmer No. 583

working under my personal supervision.

Student Don E. Phillips  
Signature of Student Embalmer

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.