

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS MAY 13 1960

-60-014728
 STATE FILE NUMBER

Registration District No. 108 Primary Registration District No. 5423 Registrar's No. 11

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

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| 3. NAME OF DECEASED (Type or print) First Daniel Middle Washington Last Wilson | | | 4. DATE OF DEATH Month May Day 6 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 12/5/1887 | 9. AGE (last birthday) 72 | IF UNDER 1 YEAR Months 5 Days 1 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) Rover, Tenn. | |
| 12. CITIZEN OF WHAT COUNTRY U.S. | | 13a. FATHER'S NAME Joseph Wilson | | 13b. MOTHER'S MAIDEN NAME Retta Smotherman | |
| 14. NAME OF HUSBAND OR WIFE Beulah Wilson | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. 491-44-3411 | |
| 17. INFORMANT D.W. Wilson Jr. Rt. 2, Senath, Mo. | | Address | | | |

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| 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) Acute Pulmonary Edema | | 2 hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arteriosclerotic Heart Disease Uncomp | |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign Prostatic Hypertrophy | | 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 | |
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| 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 | | | |

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| 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 Senath, Mo. | COUNTY STATE |
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21. I attended the deceased from **April 1959** to **May 1960** and last saw ^{her}him alive on **May 6, 1960**
 Death occurred at **12:35 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Charles H. Meunier, MD | 22b. ADDRESS Senath, Mo. | 22c. DATE SIGNED 5-6-60 |
|---|------------------------------------|-----------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5/8/1960 | 23c. NAME OF CEMETERY OR CREMATORY Liberty | 23d. LOCATION (City, town, or county) (State) Caruth Mo. |
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| 24. FUNERAL DIRECTOR McDaniel Funeral Service, Senath, Mo. | ADDRESS 5-9-60 | 25. DATE RECD. BY LOCAL REG. 5-9-60 | 26. REGISTRAR'S SIGNATURE Mrs. J. H. Lamer |
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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 D. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Senath, Va

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.