

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018210

STATE FILE NUMBER

FILED VS. MAY 25 1960 002 Primary Registration District No. 4009 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY ANDREW			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ANDREW			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SAVANNAH		Length of stay in 1b	c. CITY OR TOWN SAVANNAH		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 302 North Third		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 302 North Third		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last DOLLIE Elizabeth WILSON			4. DATE OF DEATH Month Day Year May 11, 1960			
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-5-79	9. AGE (last birthday) 81	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) retired bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY newspaper	11. BIRTHPLACE (City and state or country) Geneva, Nebraska		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME F. G. Wilson		13b. MOTHER'S MAIDEN NAME Nancy Minerva Lightbody		14. NAME OF HUSBAND OR WIFE - - - - -		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 495-01-7653	17. INFORMANT Mary Wilson		Address 302 North 3rd Savannah, Mo.	
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) Cerebral anoxemia					2 days	
DUE TO (b) Minute cerebral emboli					
DUE TO (c) _____						
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 checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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, 1959 to May 11, 1960 and last saw her ^{her} him alive on May 10, 1960 Death occurred at 7:25 PM m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) W. J. Maywell M.D.			22b. ADDRESS 307 W. Main Savannah Mo.		22c. DATE SIGNED 5/13/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE May 15, 1960	23c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery		23d. LOCATION (City, town, or County) (State) Savannah, Missouri		
24. FUNERAL DIRECTOR BREIT & HAWKINS		ADDRESS SAVANNAH	25. DATE RECD. BY LOCAL REG. 5-20-60	26. REGISTRAR'S SIGNATURE Lillian Sparks		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Ms. 1117

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 James B. Hawk

Licensed Embalmer No. 4536

P. O. Address Savanna

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.