

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=60-022123**

FILED VS JUN 1 1960

360

Primary Registration District No.

4529

Registrar's No. 103

STATE FILE NUMBER

NDED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Metz, Missouri</b>		Length of stay in 1b <b>59 yrs.</b>	c. CITY OR TOWN <b>Metz, Missouri</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>Home, Metz, Missouri</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ----- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Bertha Augusta Wilson</b>			4. DATE OF DEATH Month <b>May</b> Day <b>17</b> Year <b>1960</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-21-1878</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>26</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Glendale, Wisconsin</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Richardson</b>		13b. MOTHER'S MAIDEN NAME <b>Melinda Charles</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased Clarence O. Wilson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>496-20-3390-A</b>	17. INFORMANT Address <b>Karl Wilson, Son, Metz, Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic myocarditis with decompensation</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5-10 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, Coronary and Generalized</b> DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized osteoarthritis, severe, deforming.</b>				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 _____ 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>May 10, 1955</b> to <b>May 17, 1960</b> and last saw <b>her</b> alive on <b>April 26, 1960</b> Death occurred at <b>Metz, Missouri</b> <b>11:00 Pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>R. B. Wray, M.D.</i> <b>R. B. Wray, M.D.</b>			22b. ADDRESS <b>Moore Bldg., Nevada, Missouri</b>		22c. DATE SIGNED <b>5/20/1960</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-20-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Balltown Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Near Horton, Missouri</b>	
24. FUNERAL DIRECTOR <b>Hays Funeral Service, Inc.</b> <b>Nevada, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>5-23-1960</b>		26. REGISTRAR'S SIGNATURE <i>Anna &amp; Jerry</i>	

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

*Richard J. Huffer*

Licensed Embalmer No. 2053

P. O. Address At Sea 16

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.