

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030032

FILED VS SEP 6 1960 77

Registration District No. 3016 Registrar's No. 303

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY		c. CITY OR TOWN HERMANN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL INSTITUTE CHASE STILL HOSPITAL		d. STREET ADDRESS (If outside, give location) 116 E. 6th ST	
3. NAME OF DECEASED (Type or print) First Middle Last CLIMBIS PEARSON WILSON			4. DATE OF DEATH Month Day Year SEPT 2 1960
5. SEX MALE	6. COLOR OR RACE CAU.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/10/1893
9. AGE (last birthday) 66		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY TIMBER	11. BIRTHPLACE (City and state or country) LINN Mo
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME GEORGE WILSON	
13b. MOTHER'S MAIDEN NAME MARY PHILLIPS		14. NAME OF HUSBAND OR WIFE MISSIE WILSON	
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. 495-10-7745	
17. INFORMANT MRS JOHN WATSON		Address HERMANN Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute renal failure			INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Circulatory failure			28 hrs.
DUE TO (c) Complete heart block			24 hrs.
DUE TO (c) Left branch bundle block			11 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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.	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 8/9/60 to 9/2/60 and last saw him alive on 9/2/60		Death occurred at 11:07 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE H. A. Jeter (Name or title)		22b. ADDRESS Hermann, Mo.	22c. DATE SIGNED 9/3/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DAY 9/6/60	23c. NAME OF CEMETERY OR CREMATORY HEATON CEMETERY	23d. LOCATION (City, town, or county) (State) RFD BUNKER Mo
24. FUNERAL DIRECTOR HUGO H Blumer	ADDRESS HERMANN Mo	25. DATE RECD. BY LOCAL REG. 4 September 1960	26. REGISTRAR'S SIGNATURE R.P. Norris, MD - Richter, Dep

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 *August Berman*
Licensed Embalmer No. 316

P. O. Address Berman

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