

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045540

FILED VS

JAN 12 1961

77

Primary Registration District No. 3016

Registrar's No. 459

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Colo</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Colo</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City, Mo</b>		Length of stay in 1b <b>32 yrs.</b>	c. CITY OR TOWN <b>Jefferson City, Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MEMORIAL Community</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>905 A HARDING</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <b>George MATTHEW Wilson</b>			4. DATE OF DEATH Month Day Year <b>Dec 12 - 30 - 60</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</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>Sept 13, 1883</b>	9. AGE (last birthday) <b>77</b> 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) <b>Retired CONSTRUCTION WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION WORKER</b>	11. BIRTHPLACE (City and state or country) <b>Sedalia, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		
13a. FATHER'S NAME <b>George Nelson Wilson</b>		13b. MOTHER'S MAIDEN NAME <b>SUEAN ANN SHOE MAKER</b>		14. NAME OF HUSBAND OR WIFE <b>MILDA MILLER 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</b>		16. SOCIAL SECURITY NO. <b>490-09-9261</b>	17. INFORMANT Address <b>MRS Nell SPENCER 1102 W. Miller</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>Infarction of the myocardium</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerotic coronary artery thrombosis</b> DUE TO (c) <b>arteriosclerotic heart disease</b>					INTERVAL BETWEEN ONSET AND DEATH <b>33 hours</b> <b>33 hours</b> <b>Indefinite</b>		
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 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. 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 <b>12/29/60</b> to <b>12/30/60</b> and last saw him alive on <b>12/30/60</b> Death occurred at <b>7:00</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>John J. Newberry, MD</b>			22b. ADDRESS <b>302 Belvoir Jefferson</b>		22c. DATE SIGNED <b>1/3/61</b>		
23a. BURIAL, CREMATION, or REMAIN SPECIFIED <b>BURIAL</b>	23b. DATE <b>JAN 3, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RIVERVIEW CEMETERY</b>		23d. LOCATION (City, town, or locality) (State) <b>JEFFERSON CITY, MO</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Gideon N. Houser, Jefferson City</b>			25. DATE RECD. BY LOCAL REG. <b>7 January 1960</b>	26. REGISTRAR'S SIGNATURE <b>RP Davis, MD - Richter, Dep.</b>			

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 me  
or by Bill McLaughlin, Student Embalmer No. 620  
working under my personal supervision.

Student Bill McLaughlin  
Signature of Student Embalmer

Signed Gideon N. Hansen

Licensed Embalmer No. 4579  
P. O. Address Jefferson Co

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.