MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-009864
STATE FILE NUMBER

AMENDED

Registration District No. 227 Primary Registration District No. 5806 Registrar's No. 10

FILED VS MAR 13 1961

1. PLACE OF DEATH
a. COUNTY MONROE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SANTA FE — Length of stay in 1b: 71 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) —

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY MONROE
c. CITY OR TOWN SANTA FE — Inside Limits: Yes ☒ No ☐
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: JAMES Middle: CLEVELAND Last: WILSON
4. DATE OF DEATH Month: MARCH Day: 6 Year: 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1-31-1890
9. AGE (last birthday): 71-
IF UNDER 1 YEAR: Months 1 Days 5
IF UNDER 24 HR: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER + PAINTER
10b. KIND OF BUSINESS OR INDUSTRY: WORKED ON HOUSES
11. BIRTHPLACE (City and state or country): MONROE CO MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: ISSAC D. WILSON
13b. MOTHER'S MAIDEN NAME: BELLE GORHAM
14. NAME OF HUSBAND OR WIFE: LULU WILSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: IRENE WILSON Address: SANTA FE, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Aug. 30, 1960 to Mar. 6, 1961 and last saw ~~her~~ him alive on Mar. 5, 1961
Death occurred at 10:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. A. Barnett MD
22b. ADDRESS: Paris, Mo.
22c. DATE SIGNED: 3-6-61
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 3-8-1961
23c. NAME OF CEMETERY OR CREMATORY: SANTA FE
23d. LOCATION (City, town, or county): SANTA FE (State): Missouri
24. FUNERAL DIRECTOR: E. H. Agnew ADDRESS: PARIS, Mo.
25. DATE RECD. BY LOCAL REG.: 3-6-1961
26. REGISTRAR'S SIGNATURE: J. A. Barnett M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MAR 14 1961

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed E. H. Agnew

Signature of Student Embalmer

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

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.