

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012446

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 113

AMENDED

FILED MAY 2 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 10 Days	c. CITY OR TOWN La Plata
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) --
3. NAME OF DECEASED (Type or print) First BABE Middle (nmn) Last WILSON		4. DATE OF DEATH Month April Day 19 Year 1961	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr 8 03
9. AGE (last birthday) 58		IF UNDER 1 YEAR Months -- Days 11	IF UNDER 24 HR Hours -- Min. --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmers Exchange		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Macon County Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Greenup Wilson	
13b. MOTHER'S MAIDEN NAME Molly Emmons		14. NAME OF HUSBAND OR WIFE Mary Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Mrs Mary Wilson La Plata, 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) Coronary Thrombosis DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
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 _____ s.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 4-4-61 to 4-19-61 and last saw him live on 4-19-61 Death occurred at 10:25 am m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard P. Valueloo (Degree or title)		22b. ADDRESS Kirksville, Missouri	22c. DATE SIGNED 4/19/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/21/61	23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery	23d. LOCATION (City, town, or county) (State) La Plata, Missouri
24. FUNERAL DIRECTOR ADDRESS Wilson Funeral Home, La Plata, Mo.		25. DATE RECD. BY LOCAL REG. 4-27-1961	26. REGISTRAR'S SIGNATURE Noris W. Ratliff

RICHARD P. VANUCCI O.

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 _____
Signature of Student Embalmer

Signed Richard P. Vanucci

Licensed Embalmer No. H 701

P. O. Address La Plata 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: