

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014804

STATE FILE NUMBER

AMENDED

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 58

FILED APR 25 1961

1. PLACE OF DEATH

a. COUNTY Ray

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN RichmondLength of stay in 1b
10 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 555 S. WhitmerInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Ray

c. CITY
OR TOWN RichmondInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
555 S. WhitmerReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Gerald Eldred Wilson

4. DATE OF DEATH

Month

Day

Year

April 17, 1961

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

2-16-1926

9. AGE (last birthday)

35

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

General Laborer

11. BIRTHPLACE (City and state or country)

Henrietta, Missouri

12. CITIZEN OF WHAT COUNTRY

United States

13a. FATHER'S NAME

Harold Wilson

13b. MOTHER'S MAIDEN NAME

Ozell Badgett

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

493-22-4456

18. ADDRESS

Harold Wilson, Richmond, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

C.V.A. - Acute Nephritis
Arterio-sclerosis
Invalid 10 yrs.INTERVAL BETWEEN
ONSET AND DEATH

24 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)Paralytic 10 yrs
Paralyzed hips down 10 yrs

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. 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.)

AUTO - Neck 10 yrs Ago

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

4-12-61 to

4-17-61

and last saw him alive on

4-17-61

Death occurred at

6:20 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

E. B. Hay

(Degree or title)

M.D.

22b. ADDRESS

Richmond

22c. DATE SIGNED

4-19-61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

4-20-1961

23c. NAME OF CEMETERY OR CREMATORY

Wilson

23d. LOCATION (City, town, or county)

Ray County, Missouri

24. FUNERAL DIRECTOR

Quest Life Funeral Home

ADDRESS

Richmond, Missouri

25. DATE RECD. BY LOCAL REG.

4-22-1961

26. REGISTRAR'S SIGNATURE

Malcolm Jackson

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 4066

P. O. Address Redwood, 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.