

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018511

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 159

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED MAY 23 1961

1. PLACE OF DEATH
 a. COUNTY Pettis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in lb 38 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1619 S. Engineer Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Pettis
 c. CITY OR TOWN Sedalia Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1619 South Engineer Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
MARY MARTHA ANN WILDER
 (Type or print)

4. DATE OF DEATH Month May Day 16 Year 1961

5. SEX Female
6. COLOR OR RACE White
7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 2-26-1913
9. AGE (last birthday) 48 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Jefferson City, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George W. Corson
13b. MOTHER'S MAIDEN NAME Mary Theodocia Williams
14. NAME OF HUSBAND OR WIFE Raymond F. Wilder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes MAC WW II
16. SOCIAL SECURITY NO. Not given
17. INFORMANT Raymond F. Wilder, 1619 S. Engineer, Address Sedalia, 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 Pulmonary Edema - Coronary Atherosclerosis INTERVAL BETWEEN ONSET AND DEATH instant
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none
 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 2-16-60 to 5-16-61 and last saw her alive on 5-6-61
 Death occurred at 5 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T.S. Hopkins, M.D.
22b. ADDRESS 1609 S. First Sedalia, Mo.
22c. DATE SIGNED 5-17-61 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 18, 1961
23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery
23d. LOCATION (City, town, or county) Sedalia, Missouri (State)

24. FUNERAL DIRECTOR D.W. Heckart, Gillespie Funeral Home ADDRESS Sedalia, Mo.
25. DATE RECD. BY LOCAL REG. 5/18-1961
26. REGISTRAR'S SIGNATURE Frances Shelby

MAY 24 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 _____
Signature of Student Embalmer

Signed *W. Beckart*

Licensed Embalmer No. 3470

P. O. Address Sedalia,

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.