

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039791

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 322 Primary Registration District No. 4472 Registrar's No. 27

AMENDED

FILED NOV 14 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>			
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN <b>Miami, Mo.</b>		Length of stay in 1b <b>70 years</b>		c. CITY OR TOWN <b>Miami</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Streets not numbered</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Streets not numbered</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Charles Preston Wilson</b>				4. DATE OF DEATH Month Day Year <b>November 9th 1961</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>2-19-1887</b>	
9. AGE (last birthday) <b>73</b>		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) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gas &amp; oil tank truck</b>		11. BIRTHPLACE (City and state or country) <b>Miami, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joe Wilson</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth H. Thomson</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs Edna B. 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>				17. INFORMANT Address <b>Mrs Edna B. Wilson, Miami, Mo.</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>Congestive Heart Failure attack</b>							INTERVAL BETWEEN ONSET AND DEATH <b>Sudden about 6 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Arteriosclerosis</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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>June 1961</b> to <b>November 1961</b> and last saw her/him alive on <b>11-5-1961</b> Death occurred at <b>5-30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Dr. Sullivan M.D.</b>				22b. ADDRESS <b>Miami, Missouri</b>		22c. DATE SIGNED <b>11-15-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-12-1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Miami cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Miami, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Campbell-Lewis, Marshall, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Nov. 11-1961</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Raymond Brane</b>	

DEC 19 1962

NOV 21 1961  
AUG 30 1962

JAN 28 1963

**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 James A. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall 7

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.