

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-022416

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 231 STATE FILE NUMBER

VS 300 Rev. 4/59

10269
20660

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4 0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 18 1962

1. PLACE OF DEATH
a. COUNTY COLE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON City Length of stay in lb 6-8 WKS.
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY Miller
c. CITY OR TOWN Iberia (Richards Twp.) Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Rfd. #1 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last FRANK Raymond WILSON
4. DATE OF DEATH Month Day Year JUNE 9 1962

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Feb 19, 1896 9. AGE (last birthday) 66 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) FARMER 10b. KIND OF BUSINESS OR INDUSTRY FARM 11. BIRTHPLACE (City and state or country) Iberia (Gural), Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME John P. Wilson 13b. MOTHER'S MAIDEN NAME Rachel Powder 14. NAME OF HUSBAND OR WIFE MAUDE Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address MAUDE Wilson Iberia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PNEUMONITIS INTERVAL BETWEEN ONSET AND DEATH 48 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARCINOMATOSIS 6 MOS
DUE TO (c) PRIMARY CA OF PANCREAS 1 YR?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MALNUTRITION; ANEMIA 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 MAY 30, 1962 to JUNE 9, 1962 and last saw ^{her}him alive on JUNE 9, 1962
Death occurred at 4:10 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ed Donald Shall M.D. 22b. ADDRESS 521 E. High Jefferson City Mo. 22c. DATE SIGNED JUNE 9 '62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE JUNE 12, 1962 23c. NAME OF CEMETERY OR CREMATORY Livingston Cemetery 23d. LOCATION (City, town, or county) (State) 4 miles North of Iberia, Mo.

24. FUNERAL DIRECTOR ADDRESS SCRIBNER-STEVINSON Iberia, Mo. 25. DATE RECD. BY LOCAL REG. 11 June 1962 26. REGISTRAR'S SIGNATURE R.D. Harris M.D. Richter, Dep.

USE BLACK INK OR TYPEWRITER RIBBON

JUN 9 1967

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 Jay D. Stevenson Student Embalmer No. 654

working under my personal supervision.

Student Jay D. Stevenson
Signature of Student Embalmer

Signed J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Lower 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.