

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026069

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 3006 Registrar's No. 426
 Filed 19 AUG 6 1962

VS 300
Rev. 4/59

DATE AMENDED

10109
20390

3
4 0
5 1
6
7 0
8 1
9603X
10
11
12-0
13-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Green</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>Strafford</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University of Missouri Medical Center</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt. 1- Box 16 R</u>
3. NAME OF DECEASED (Type or print) First, Middle, Last <u>Benjamin Harrison Wilson</u>		4. DATE OF DEATH Month <u>July</u> Day <u>29</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-4-11</u>
9. AGE (last birthday) <u>50 yrs.</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Conservation Land (Laborer)</u>	11. BIRTHPLACE (City and state or country) <u>Green Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Ed Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Reynolds</u>
14. NAME OF HUSBAND OR WIFE <u>Verna Mooney Wilson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u></u>
17. INFORMANT <u>Medical Records Univ. of Mo. Medical Center</u>		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Cardiac arrest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hyperkalemia</u>		DUE TO (c) <u>Chronic renal insufficiency</u>	
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 checked="" 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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	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 <u>7-29-62</u> to <u>7-29-62</u> and last saw her <u>live</u> on <u>7-29-62</u>		Death occurred at <u>3:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Richard W. Palmer MD</u>		22b. ADDRESS <u>Univ. Mo. Med. Center</u>	22c. DATE SIGNED <u>7-29-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 1 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>
24. FUNERAL DIRECTOR <u>Dr. Palmer Springfield Mo</u>		25. DATE RECD. BY LOCAL REG. <u>July 30 1962</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>

USE BLACK INK OR TYPEWRITER RIBBON

OCT 30 1962

AUG 9 1962

APR 24 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 *[Signature]*
Licensed Embalmer No. 3312

P. O. Address *[Signature]*

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.