

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030457

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77
FILED SEP 11 1962

Primary Registration District No. 3016

Registrar's No. 346

VS 300
Rev. 4/59

6269
20760

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9443X

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON City</u> Length of stay in lb <u>25 hours</u>		c. CITY OR TOWN <u>WINN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Marys' Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES DELBERT WILSON</u>		4. DATE OF DEATH Month Day Year <u>Sept - 5 - 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>DEC. 18 - 1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>County Supt. of Schools</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Education</u>	11. BIRTHPLACE (City and state or country) <u>Mo. U.S.A.</u>
13a. FATHER'S NAME <u>DAVID WILSON</u>		13b. MOTHER'S MAIDEN NAME <u>DELPHINE GILBERT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Mrs. J. D. Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH (Minor) WILSON</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Haemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
DUE TO (b) <u>Hypertensive Cardiovascular disease</u>			<u>10 yrs</u>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hemiplegia left due to old CVA</u>			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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 Month, Day, Year p.m.			
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>Sept 4 - 1962</u> to <u>Sept 5 - 1962</u> and last saw him alive on <u>Sept 5 - 1962</u> Death occurred at <u>5:00</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>L. B. T. Chebra MD</u>		22b. ADDRESS <u>Jefferson City MO</u>	22c. DATE SIGNED <u>9-6-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-SEPT 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Linn Memorial Park Linn</u>	23d. LOCATION (City, town, or county) (State) <u>Mo</u>
24. FUNERAL DIRECTOR <u>Clyde Merton Linn</u>		25. DATE RECD. BY LOCAL REG. <u>7 September 1962</u>	26. REGISTRAR'S SIGNATURE <u>R. Pharis MD - Richter, Dep</u>

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 12 1962

APR 22 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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, 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.