

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031819

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 304.3 Registrar's No. 299

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10648
20648v

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94500

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED SEP 5 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY MARION		b. CITY (If outside corporate limits, give TOWNSHIP only) HANNIBAL		a. STATE MISSOURI b. COUNTY MARION	
b. CITY (If outside corporate limits, give TOWNSHIP only) HANNIBAL		Length of stay in 1b 5 Months		c. CITY OR TOWN HANNIBAL	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION CLARK REST HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1717- 35th St	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. MONTH DAY YEAR	
MARSHALL HENRY WILSON		AUGUST 22 1962			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MARCH 20, 1878	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RET)		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM		11. BIRTHPLACE (City and state or country) ROLLS COUNTY, MISSOURI	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME HENRY C. WILSON		13b. MOTHER'S MAIDEN NAME EMILY WATERS	
14. NAME OF HUSBAND OR WIFE EDITH R. 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.	
17. INFORMANT <i>Mr. Russell Whitaker Hannibal, Mo.</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atherosclerotic Ischemic Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH 1 year.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (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		STATE
21. I attended the deceased from March 22, 1962 to Aug 22, 1962 and last saw him alive on July 10, 1962		Death occurred at 3.15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Russell J. Lanning MD</i>		(Degree or title)		22b. ADDRESS <i>Hannibal, Mo.</i>	
22c. DATE SIGNED					
23a. BURIAL, CREMATION, REBURYAL (Specify) BURIAL	23b. DATE AUGUST 24, 1962	23c. NAME OF CEMETERY OR CREMATORY GRAND VIEW BURIAL PARK		23d. LOCATION (City, town, or county) (State) HANNIBAL, MISSOURI	
24. FUNERAL DIRECTOR Wilson & Sons		ADDRESS Monroe City Mo		25. DATE RECD. BY LOCAL REG. Aug. 23, 1962	
26. REGISTRAR'S SIGNATURE <i>Dr. E.M. Lucke by Lillian M. Norman</i>					

USE BLACK INK OR TYPEWRITER RIBBON

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 me _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leola L. Wilson _____

Licensed Embalmer No. 3014 _____

P. O. Address Monroe City 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.

Permit renewed 8/23/62