

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034192

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 382

DO NOT WRITE ON THIS STUB

AMENDED

**FILED OCT 8 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 1b 5 Weeks  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Laclede  
 c. CITY OR TOWN Lebanon Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) RT. I Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
MAUDE ELIZABETH WILSON September 29, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 7/28/1886 9. AGE (last birthday) 76 Years  
 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Wright County, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Carl Cannon 13b. MOTHER'S MAIDEN NAME Julia Ann Jones 14. NAME OF HUSBAND OR WIFE Elmer Wilson (deceased)

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 Address Mrs Billie Wilson - Lebanon, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cerebral Vasculan Thrombosis  
 (b) Cerebral arteriosclerosis  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease  
 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. 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 8/22/62 to 9/29/62 and last saw her alive on 9/29/62  
 Death occurred at 9:35 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. S. Sanders MD (Degree or title) 22b. ADDRESS 515 E. High St. Jeff. City, Mo. 22c. DATE SIGNED 9/29/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10/1/1962 23c. NAME OF CEMETERY OR CREMATORY Manes Cemetery 23d. LOCATION (City, town, or county) (State) Wright County, Missouri

24. FUNERAL DIRECTOR ADDRESS Barber Funeral Home - Mtn. Grove, Mo 25. DATE RECD. BY LOCAL REG. 29 September 1962 26. REGISTRAR'S SIGNATURE R. P. Morris MD M. Richter Dep.

VS 300 Rev. 4/59

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DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
SHOULD READ  
BY AFFIDAVIT OF

DOCUMENT  
MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

(Read Cause of Death on Reverse Side)

**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 \_\_\_\_\_

Licensed Embalmer No. 3848

P. O. Address Wm. H. Mc

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.