MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-041752
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1354

FILED DEC 10 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	5/17		
2	5/17 2		
3			
4	1		
5	2		
6			
7	0		
8	2		
9	4200		
10			
11			
12	3-0		
13	1-0		

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 34yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph, — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2209 So 4th — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Lydia Middle Ann Last Wilson
4. DATE OF DEATH: Month Nov. Day 26, Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: Mar. 20, 1881
9. AGE (last birthday): 81 — 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): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Holt Co, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Janson Fields
13b. MOTHER'S MAIDEN NAME: Hannah Starr
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mrs. Leona Spencer, St. Joseph, Mo (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Pulmonary Edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): due to Arteriosclerotic Heart Disease 1hr
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 April 1962, to 11/26/62 and last saw her/him alive on Nov 26, 1962
Death occurred at 2:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Martin H. Christmas (Degree or title) — BY AFFIDAVIT OF M.H. Christmas, M.D.
22b. ADDRESS: 6106 Kingshighway St Joseph
22c. DATE SIGNED: 11-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 30, 1962
23c. NAME OF CEMETERY OR CREMATORY: Savannah Cemetery
23d. LOCATION (City, town, or County) (State): Savannah Mo

24. FUNERAL DIRECTOR: John Murphy — ADDRESS: St. Joseph, Mo
25. DATE RECD. BY LOCAL REG.: Dec. 4, 1962
26. REGISTRAR'S SIGNATURE: Mrs. Clark Hoodell

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 11/29/62

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 John E. Kupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.