

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-043737

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 137

FILED NOV 27 1962

VS 300
Rev. 4/59

108521

3810

3

4 0

5 1

6

7 0

8 2

9331X

10

11

12 1-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville		c. CITY OR TOWN Duke	
Length of stay in 1b 6 Hours		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waynesville Hospital		d. STREET ADDRESS (If outside, give location) None	
Yes ☒ No ☐		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First CLAUDE Middle WILSON Last WILSON		4. DATE OF DEATH November 19, 1962	
5. SEX Male		6. COLOR OR RACE White	
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 11/15/91	
9. AGE (last birthday) 71		10. 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		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Eugene, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John W. Wilson		13b. MOTHER'S MAIDEN NAME Lena Kobensky	
14. NAME OF HUSBAND OR WIFE Lillie Belle		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. 486-30-7851		17. INFORMANT Wilford Wilson Address Duke, 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 Vascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) hypertensive arteriosclerotic disease DUE TO (c) 20 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 ☐ No ☐ Unknown		INTERVAL BETWEEN ONSET AND DEATH 10 hrs 30 yrs	
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. 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.) West 9 years	
20f. CITY, TOWN, OR LOCATION Waynesville		COUNTY Phelps STATE Mo	
21. I attended the deceased from 1 PM to 11-19-62 and last saw him alive on 11-19-62 Death occurred at 1 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Watts Cemetery	
22b. ADDRESS Waynesville		22c. DATE SIGNED 11-20-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/21/62	
23c. NAME OF CEMETERY OR CREMATORY Watts Cemetery		23d. LOCATION (City, town, or county) Phelps County, Mo	
24. FUNERAL DIRECTOR Null & Son Funeral Home ADDRESS Rolla		25. DATE RECD. BY LOCAL REG. 11/20/62 26. REGISTRAR'S SIGNATURE Gula Mae Anderson	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Removal permit

112 issued Nov. 20, 1962

DEC 7 1962

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 Paul E. Hull

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.