

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000894

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 82 Primary-Registration District No. 3017 Registrar's No. 16

STATE FILE NUMBER

FILED JAN 29 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6275

2270

3

4 1

5 2

6

7 1

8 2

94200

10

11

12 86-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Boonville</u> Length of stay in 1b <u>1 year</u>		c. CITY OR TOWN <u>Pilot Grove</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF IF NOT in hospital, give location) <u>Rest Haven Rest Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rest Haven Rest Home</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>NORA-ESTELINE-WILSON</u>			4. DATE OF DEATH Month Day Year <u>Jan 23, 1963</u>
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>wh</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 4, 1882</u>
9. AGE (at birthday) <u>80</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (City and state or country) <u>Danville, Ill</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Flarence Watkins</u>	
13b. MOTHER'S MAIDEN NAME <u>Lillie Palk</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Wilson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Mrs. Elliott Weathers, Pilot Grove, Mo</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>3</u>
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 checked="" 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 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		COUNTY STATE	
21. I attended the deceased from <u>Nov 1961</u> to <u>Jan 23, 1963</u> and last saw her alive on <u>Jan 20, 1963</u> Death occurred at <u>515 E</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>T C Beckett MD</u> (Degree or title)		22b. ADDRESS <u>Boonville Mo</u>	
22c. DATE SIGNED <u>1-24-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>1-26-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove Ceme</u>		23d. LOCATION (City, town or county) (State) <u>Pilot Grove, MO</u>	
24. FUNERAL DIRECTOR <u>Hays - Painter, Pilot Grove, MO</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>1/25/63</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

JAN 30 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 Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, 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.