MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-015831
STATE FILE NUMBER

Registration District No. 139 Primary Registration District No. _____ Registrar's No. 32

FILED MAY 13 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0440
2 04401
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	INSTEAD OF	SHOULD READ	ITEM NO.

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: HOLT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: (OREGON) LEWISTWP — Length of stay in 1b: 14 mos
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: PLEASANT HILL REST H. — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: HOLT
c. CITY OR TOWN: BIGELOW — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): 1 mile WEST — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: EDGAR Middle: LOUIS Last: WILSON

4. DATE OF DEATH Month: MAY Day: 4 Year: 1963

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-18-1876
9. AGE (last birthday): 87 — 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): FORT SCOTT, KAN.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: LOUIS WILSON
13b. MOTHER'S MAIDEN NAME: JULIETTE VANDUESAN
14. NAME OF HUSBAND OR WIFE: —

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.:
17. INFORMANT: BLAND HINKLE — Address: Bigelow, Mo.

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): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardiac arrest — 4 min.
DUE TO (c): Myocardial infarction — 4 min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral arteriosclerosis
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. 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: July 1959 to: May 4, 1963 and last saw him alive on: May 4, 1963
Death occurred at: 1 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Address or title): James Humphrey M.D.
22b. ADDRESS: Mound City, Mo.
22c. DATE SIGNED: 5/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 5-6-63
23c. NAME OF CEMETERY OR CREMATORY: MOUNT HOPE
23d. LOCATION (City, town, or county) (State): MOUND City, Mo.

24. FUNERAL DIRECTOR: JAMES H. CRAWFORD — ADDRESS: MOUND City Mo
25. DATE RECD. BY LOCAL REG.: 5-6-1963
26. REGISTRAR'S SIGNATURE: James H. Crawford

(Licensed Embalmer's Statement 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 James Henry Ford

Licensed Embalmer No. 4796

P. O. Address Mound 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.