

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033149

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

290

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0908

2 0908

3

4 1

5 2

6

7 0

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9 181.7

10

11

12 96-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED AUG 29 1963

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Sedalia

Length of stay in 1b

75 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

152 Autumn

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pettis

c. CITY

OR

Sedalia

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

900 East 7th Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

EMMA

Middle

CAROLINA

Last

WILDER

4. DATE
OF
DEATH

Month

August

Day

21,

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-19-1874

9. AGE (last birthday)

89

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days 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

Own Home

11. BIRTHPLACE (City and state or country)

Pleasant Green, Mo.

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME

Henry Leuenburg

13b. MOTHER'S MAIDEN NAME

Carolina Steffen

14. NAME OF HUSBAND OR WIFE

James Fred Wilder

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.

none

17. INFORMANT

Raymond Wilder

Address

1619 South Engineer

Sedalia, 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)

Metastatic Carcinoma

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Transitional cell carcinoma of the urethra

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertensive heart disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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 Month, Day, Year
a.m. p.m.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 7 1963 to Aug 21 1963

and last saw her

Aug 21 1963

Death occurred at

10:45 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Chas. Gordon Stauffer MD

22b. ADDRESS

Sedalia Mo

22c. DATE SIGNED

8-23-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Aug. 23, 1963

23c. NAME OF CEMETERY OR CREMATORY

Crown Hill Cemetery

23d. LOCATION (City, town, or county)

Sedalia, Missouri

24. FUNERAL DIRECTOR

D.W. Heckart

ADDRESS
Gillespie Funeral Home

Sedalia, Missouri

25. DATE RECD. BY LOCAL REG.

Aug. 22, 1963

26. REGISTRAR'S SIGNATURE

Frances G. Shelby per
H. Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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

Elmer D. Zipp

Licensed Embalmer No. 4817

P. O. Address Seabrook, Tex

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.

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