

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037193

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 124

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 18 1963

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville		c. CITY OR TOWN Waynesville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Rexal Drug Store		d. STREET ADDRESS (If outside, give location) Rt 5 Box 8	

3. NAME OF DECEASED (Type or print) Hugh Andrew Wilson			4. DATE OF DEATH Month Sept Day 6 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 13 1881	9. AGE (last birthday) 82	IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and state or country) Miller County Mo	
12a. FATHER'S NAME James Wilson		12b. MOTHER'S MAIDEN NAME Martha Jane Bowling		12c. NAME OF HUSBAND OR WIFE Cora C Wilson	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. SOCIAL SECURITY NO. m		15. INFORMANT Waynesville Missouri Cora C Wilson Rt 5 Box 8	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. arteriosclerotic heart disease DUE TO (b) arteriosclerotic heart disease DUE TO (c) arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH Sudden
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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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 2 P Month, Day, Year 9-6-63		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 Post Op to 9-6-63 and last saw him alive on 9-6-63 Death occurred at 2 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Sto. Pichet (Degree or title) DO		22b. ADDRESS Waynesville Missouri		22c. DATE SIGNED 9-7-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-10-63		23c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery	
23d. LOCATION (City, town, or county) Crocker Pulaski Missouri		23e. DATE RECD. BY LOCAL REG. 9-9-63		23f. REGISTRAR'S SIGNATURE Paula Lynn Anderson	
24. FUNERAL DIRECTOR Moss-Williams Crocker Missouri					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

SEP 19 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

Clarence Thross

Licensed Embalmer No.

4896

P. O. Address

Waynesville, MS

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.