

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041020

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 274 Primary Registration District No. 305F Registrar's No. 236

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 25 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Length of stay in 1b 1 day	c. CITY OR TOWN Higbee
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Higbee
3. NAME OF DECEASED (Type or print) First John Middle Collins Last Wilson		4. DATE OF DEATH 10/19/63	
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 4/9/1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtr. Farmer & Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY Mining	9. AGE (last birthday) 77
11. BIRTHPLACE (City and state or country) Randolph, County U S A		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME John Collins Wilson		13b. MOTHER'S MAIDEN NAME Julia Ann Duffield	14. NAME OF HUSBAND OR WIFE Maggie Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) no		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Maggie wilson Higbee		Address Higbee	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Infarction			INTERVAL BETWEEN ONSET AND DEATH two days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Oct 17th to Oct 18th and last saw her ^{her} alive on Oct 18th 63 Death occurred at 5 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] Degree or title MD		22b. ADDRESS Moberly Missouri	22c. DATE SIGNED 10/19/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/21/63	23c. NAME OF CEMETERY OR CREMATORY Oakland	23d. LOCATION (City, town, or county) (State) Moberly, Mo
24. FUNERAL DIRECTOR Million & Greer Moberly, Mo		25. DATE RECD. BY LOCAL REG. 10/21-1963	26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

9220
6880

*Permit Student
10-21-63*

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 *John A. Guler*

Licensed Embalmer No. 3815

P. O. Address Moberly, 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.