

S. No. 300
V. 10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36490

State File No.

FILED DEC 10 1951

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5134</u>		Registrar's No. <u>1231</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington</u>		c. LENGTH OF STAY (In this place) <u>30 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington township</u>		0110	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph, R.F.D. #3</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. #3 St. Joseph, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>Archie</u> c. (Last) <u>Wilds</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30, 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Wht.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 28 1893</u>	
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Buss operator</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>/</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Wilds</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Foreman</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Della Wilds</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-09-7854</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Della Wilds R.R. #3 St. Joseph</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>					J. INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>11/30, 1951</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. W. Tadlock</u> (Degree or title) <u>3 act. Lic.</u>			23b. ADDRESS <u>St. Joseph, Mo.</u>			23c. DATE SIGNED <u>11/30/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grant Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Creighton Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec 4, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl P. Casey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry Funeral Home</u>		ADDRESS <u>St. Joseph, Mo.</u>	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.

Signed Charles E. Bennett.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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 this body is not embalmed, fact should be so stated above.