S. No. 300
v. 10.48

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

FILED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25063

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Macon 0610 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Plata
c. LENGTH OF STAY (in this place): 8 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon 0610
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Plata 0
d. STREET ADDRESS (If rural, give location): --------

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): Ray
c. (Last): Wilgus

4. DATE OF DEATH (Month) (Day) (Year): July 19, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: June 19, 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 1, Days --- — IF UNDER 1 HRS.: 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:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William B Wilgus
13b. MOTHER'S MAIDEN NAME: Susan Wilson
14. NAME OF HUSBAND OR WIFE: Inez L. Wilgus

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.: none
17. INFORMANT'S SIGNATURE OR NAME: Paul M. Wilgus — ADDRESS: La Plata, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — 15 years
DUE TO (c) ——

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 19, 1952, *to* July 19, 1952, *that I last saw the deceased alive on* July 19, 1952 *and that death occurred at* 10:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph W. Gillet DO
23b. ADDRESS: La Plata, Mo.
23c. DATE SIGNED: July 22 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: July 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: La Plata Cemetery
24d. LOCATION (City, town, or county) (State): La Plata, Mo.

DATE REC'D BY LOCAL REG.: July 24-52
REGISTRAR'S SIGNATURE: Mrs O B Griffin 1865
25. FUNERAL DIRECTOR'S SIGNATURE: Kenneth M. Wilson — ADDRESS: La Plata, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MACON COUNTY HEALTH DEPARTMENT
County File No. 7.62.116
Date Filed 7.31.52
7.28.52

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 Kenneth M. Wilson

Signed _____
Student Embalmer

Licensed Embalmer No. 4701

P. O. Address La Plata, 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.