

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20400

State File No.

FILED JUN 8 1953

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 115	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malta Bend		0970	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital				d. STREET ADDRESS (If rural, give location) Streets not numbered			
3. NAME OF DECEASED (Type or Print) a. (First) Morris		b. (Middle) Richey		c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) June 1, 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February 8, 1889	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 3 Days 23		IF UNDER 2 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner			10b. KIND OF BUSINESS OR INDUSTRY Farm			11. BIRTHPLACE (City and State or Foreign Country) Saline County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME S. T. Wilson		13b. MOTHER'S MAIDEN NAME Ella Bibbee		14. NAME OF HUSBAND OR WIFE Bessie Adams Wilson	
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'S SIGNATURE OR NAME ADDRESS Mrs. Morris Wilson Malta Bend, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis, Nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) Marshall Saline Mo		21d. HOW DID INJURY OCCUR? Yes	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from June 31, 1953 , to June 1, 1953 , that I last saw the deceased alive on June 1, 1953 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. R. Lawrence M.D.				23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 6-2-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 4, 1953		24c. NAME OF CEMETERY OR CREMATORY Malta Bend Cemetery		24d. LOCATION (City, town, or county) (State) Malta Bend, Missouri	
DATE REC'D BY LOCAL REG. June 7 1953		REGISTRAR'S SIGNATURE Dwain J. Gray		25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis		ADDRESS MARSHALL, Mo.	

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

0972
0

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
Student Embalmer

Signed James H. Lewis J.
Licensed Embalmer No. 4709
P. O. Address Marshall, 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.