

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23695**

FILED JUN 30 1953

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>Vernon State Hosp</u> b. CITY OR TOWN <u>Washington Temp</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> c. CITY OR TOWN <u>Springsfield 0996</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3 Residence</u>		d. STREET ADDRESS (If rural, give location) <u>1903 So Hampton!</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Wheeler</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-10-53</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>8.21.1891</u>		9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min) <u>10 18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Medical</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Myra West Wilson</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes US Navy. War #2</u>		16. SOCIAL SECURITY # <u>492-36-2886</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Record of Employment State Hospital #3</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES <u>Coronary artery disease</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) <u>Found dead in his room - dead several hours - lying face down over ashtray stand. Had tested this for previous coronary illness.</u>			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)					

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</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 June 10, 1953, to June 10, 1953, that I last saw the deceased alive on June 9, 1953, and that death occurred at about midnight m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul L. Barone M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hosp #3 Memphis Mo</u>		23c. DATE SIGNED <u>June 10 1953</u>	
<u>Walter J. Thurman</u> <u>Coroner</u>		<u>Memphis Mo.</u>			

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>6-10-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forestwood</u>	
				24d. LOCATION (City, town, or county) (State) <u>Springsfield Mo</u>	

DATE REC'D BY LOCAL REG. <u>6-26-53</u>		REGISTRAR'S SIGNATURE <u>Anna E. Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frederick Schaefer</u> ADDRESS <u>Springsfield Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

ES61 0 8 NAF

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

Percy F. Milster

Licensed Embalmer No.

4805

P. O. Address

Nevada, 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.