

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3992

BIRTH NO. FILED MAR 2 1954 REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Missouri COUNTY Boone					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Cedar)		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Rural Cedar		d. STREET ADDRESS (If rural, give location) Ashland R.F.D.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Ashland R.F.D.				d. STREET ADDRESS (If rural, give location) Ashland R.F.D.					
3. NAME OF DECEASED a. (First) Barney			b. (Middle)		c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) Feb. 22 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 15 1899		9. AGE (In years last birthday) 55 IF UNDER 1 YEAR 0 Months 7 Days IF UNDER 1 HR. 0 Hours 0 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		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Roy Wilson			13b. MOTHER'S MAIDEN NAME Mara Wright			14. NAME OF HUSBAND OR WIFE Lydia 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. 486-12-8225		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Darwood Wilson Hartsburg Mo. R.F.D.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) Arterio Sclerosis 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 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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		
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 Feb. 22, 1954 , to Feb. 22, 1954 , that I last saw the deceased alive on Feb. 7, 1954 , and that death occurred at 12 A. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) James E. Steffen D.D.					23b. ADDRESS Ashland, Mo.			23c. DATE SIGNED Feb. 22, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/26/54		24c. NAME OF CEMETERY OR CREMATORY New Salem Cemt.			24d. LOCATION (City, town, or county) (State) Ashland Mo.		
DATE REC'D BY LOCAL REG. 2/26/54		REGISTRAR'S SIGNATURE Mrs. Meldred Burnett			25. FUNERAL DIRECTOR'S SIGNATURE Wm. C. Burnett		ADDRESS Ashland, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECORDED
MAR 23 1958

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 W^m C Burnett

Licensed Embalmer No. 3264

P. O. Address Aspland M.

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.