

FILED MAY 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15341

State File No. 134

BIRTH NO.		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 3016	Registrar's No. 134
1. PLACE OF DEATH a. COUNTY Cole County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Candem		
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City	c. LENGTH OF STAY (In this place) 76 days	c. CITY OR TOWN Osage Beach	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Charles Steff Hospital		e. STREET ADDRESS (If rural, give location) Lake Rd. 10a.		
3. NAME OF DECEASED (Type or Print) a. (First) EDGAR		b. (Middle)	c. (Last) Wilson	4. DATE OF DEATH (Month) (Day) (Year) MAY 14, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) Married	8. DATE OF BIRTH Feb. 6, 1875	9. AGE (In years last birthday) 79 if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Great Queen		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wilson		13b. MOTHER'S MAIDEN NAME Adela Ann Moore	14. NAME OF HUSBAND OR WIFE Bessie M. 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. Edgar Wilson Osage Beach	
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) Congestive myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH 10 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis		2 months
		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 4222		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 May 7, 1954 to May 14, 1954 , that I last saw the deceased alive on May 13, 1954 , and that death occurred at 5:15 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) R. Dale Atterbury D.O.		23b. ADDRESS Candemton Mo		23c. DATE SIGNED 5/14/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 17, 1954	24c. NAME OF CEMETERY OR CREMATORY Cadron	24d. LOCATION (City, town, or county) (State) Cadron Mo.	
DATE REC'D BY LOCAL REG. May 17, 1954	REGISTRAR'S SIGNATURE R. P. Dorris, M.D. - M.R.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis S. Gullix Cadron		

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 25 1954

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
Signature of Student Embalmer

Signed *Louis D. Phillips*

Licensed Embalmer No. *36*

P. O. Address *Edison*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.