

FILED MAR 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4144

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>140</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>A few hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson</u>		0161	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. E. Missouri Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>312 North Hope</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Irene</u>		b. (Middle) <u>Louise</u>		c. (Last) <u>Wilson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 4, 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Apr. 9, 1912</u>		9. AGE (In years last birthday) <u>42</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Jackson, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Robert Kent Wilson</u>			13b. MOTHER'S MAIDEN NAME <u>Anita Helmkamp</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marvin Proffer, Jackson, Mo.</u>			
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) <u>Massive Brain Damage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Basilar + Parietal Skull fracture</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture 2nd + 3rd Cervical vertebrae</u> <u>Fracture Dislocation left Shoulder</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>11</u> <u>2 hrs</u>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		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 <u>Mar 4, 1955</u> , to <u>March 4, 1955</u> , that I last saw the deceased alive on <u>Mar 4, 1955</u> , and that death occurred at <u>8:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) <u>M. O. L. Sealander, M.D.</u>				23b. ADDRESS <u>Cape Girardeau, Mo</u>		23c. DATE SIGNED <u>3-7-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 7, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>Russell Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-8-55</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u>		5. GENERAL DIRECTOR'S SIGNATURE <u>W. C. Summers</u>		ADDRESS <u>Jackson, Mo</u>	

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

JUL 26 1955

APR 17 1963

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

B. A. Meyer

Signed.....
Student Embalmer

Licensed Embalmer No. *3051*

P. O. Address *Jackson 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.