

FILED JUN 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. 20774

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 109

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| 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) Marshall | | c. CITY OR TOWN Marshall | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 7 weeks | | e. STREET ADDRESS (If rural, give location) 364 West Summit | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Willie | b. (Middle) Byrd | c. (Last) Wilhelm | 4. DATE OF DEATH (Month) (Day) (Year) June 22nd, 1955 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH April 7, 1873 | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months 2 Days 15 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner, Ret. | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (City and State or Foreign Country) Versailles, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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| 13a. FATHER'S NAME John Huston Wilhelm | 13b. MOTHER'S MAIDEN NAME Maggie L. Abney | 14. NAME OF HUSBAND OR WIFE ----- |
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| 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 Huston Holland, Marshall, Mo. R. No. 3 | ADDRESS ----- |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial weakness DUE TO (c) Old age | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4222 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from June 15, 1955, to June 22, 1955, that I last saw the deceased alive on June 22, 1955, and that death occurred at 6-40P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <i>[Signature]</i> | (Degree or title) MD | 23b. ADDRESS Marshall Mo | 23c. DATE SIGNED 6-29-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE June 24, 1955 | 24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery | 24d. LOCATION (City, town, or county) (State) Marshall, Missouri |
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| DATE REC'D BY LOCAL REG. 6-23-55 | REGISTRAR'S SIGNATURE <i>[Signature]</i> | 25. FUNERAL DIRECTOR'S SIGNATURE Deputy Campbell-Lewis | ADDRESS Marshall, Mo. |
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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..... *R. W. Campbell*

Licensed Embalmer No. *346*

P. O. Address *Marshall*

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.