

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35442**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **549K** Registrar's No. **2269**

1. PLACE OF DEATH a. COUNTY St Louis Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dickson	
b. CITY OR TOWN Kirkwood		c. CITY OR TOWN KANSAS CITY	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) Three		e. STREET ADDRESS (If rural, give location) 317 W. 13th St. 3251	
d. FULL NAME OF HOSPITAL OR INSTITUTION 320 Couch Ave			

3. NAME OF DECEASED (Type or Print) a. (First) Viola	b. (Middle) Jona	c. (Last) Wilson	4. DATE OF DEATH (Month) (Day) (Year) Oct 9 - 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Dec. 4 - 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 9 Days 28	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Childrears Home	10b. KIND OF BUSINESS OR INDUSTRY Child attendant	11. BIRTHPLACE (City and State or Foreign Country) St Clair Co, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Riley Wilson	13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Bandy	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME W.G. Winton	ADDRESS 320 Couch Ave Kirkwood, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction			" "
	DUE TO (c) Coronary thrombosis			" "
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **Oct 1, 1955**, to **Oct 1, 1955**, that I last saw the deceased alive on **Oct 1, 1955**, and that death occurred at **11 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Lois C. Hyatt	(Degree or title) M.D.	23b. ADDRESS 134 W. Adams	23c. DATE SIGNED 10-2-55
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24a. BURIAL CREMATATION Buried	24b. DATE Oct 4 - 1955	24c. NAME OF CEMETERY OR CREMATORY Macedonia Cemetery	24d. LOCATION (City, town, or county) (State) Wheatland, Mo
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DATE REC'D BY LOCAL REG. 9-30-55	REGISTRAR'S SIGNATURE Herbert R. Donke, Mo	25. FUNERAL DIRECTOR'S SIGNATURE Herbert Hathaway	ADDRESS Wheatland, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 8 1957

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JAN 22 1957

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 *Neill R. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *15 W. Lock
Webster Grove*

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.