

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36065

State File No.

FILED DEC 5 1955

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1261

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 13 days	c. CITY OR TOWN Civil Bend
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Metho. Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 03101	

3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) WILBERT c. (Last) WILSON			4. DATE OF DEATH (Month) (Day) (Year) NOV. 17, 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 4, 1900	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Land owner	11. BIRTHPLACE (City and State or Foreign Country) Civil Bend, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wiley Wilson	13b. MOTHER'S MAIDEN NAME Bertie Ethel Burton	14. NAME OF HUSBAND OR WIFE Artie Rue 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. 488-22-7913	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Artie Rue Wilson, Civil Bend, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerulonephritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 592x		
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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 Nov 4, 1955 to Nov 17, 1955, that I last saw the deceased alive on Nov 17, 1955, and that death occurred at 1:45P m., from the causes and on the date stated above.

23a. SIGNATURE Allen Spelman (Degree or title) MD	23b. ADDRESS 706 Francis St., St. Joseph, Mo.	23c. DATE SIGNED 12-1-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov 19, 1955	24c. NAME OF CEMETERY OR CREMATORY Christian Cemetery	24d. LOCATION (City, town, or county) (State) Civil Bend, Mo.
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DATE REC'D BY LOCAL REG. Dec 2, 1955	REGISTRAR'S SIGNATURE Kathleen M. Allison <u>485</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pattonsburg, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 *Louis J. Quert*

Licensed Embalmer No. *409*

P. O. Address *Patton*

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.