

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3935

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>162</u>									
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>											
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Methodist Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>R. R. #2</u> 0110/1											
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>			b. (Middle) <u>FRANKLIN</u>		c. (Last) <u>WILSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10 1956</u>								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 25, 1891</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Dairy Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Andrew County Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>William Wilson</u>				13b. MOTHER'S MAIDEN NAME <u>Tabitha Stephens</u>				14. NAME OF HUSBAND OR WIFE <u>Mrs. Nell Wilson</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nell Wilson</u>				ADDRESS <u>St. Joseph, Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>			
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebro Vascular Accident</u>													
		ANTECEDENT CAUSES DUE TO (b) <u>Chronic Hypertension Heart Disease unknown</u>													
		DUE TO (c) <u>chronic Hypertension</u>													
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
		19b. MAJOR FINDINGS OF OPERATION													
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)		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>Feb 6</u> , 19 <u>56</u> , to <u>Feb 10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb 10</u> , 19 <u>56</u> , and that death occurred at <u>8:15A</u> m., from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) <u>Gustaf A. Rau</u>				23b. ADDRESS <u>M + Kirkpatrick Bldg St Joseph Mo</u>				23c. DATE SIGNED <u>2-11-56</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-13-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>							
DATE REC'D BY LOCAL REG. <u>Feb 14, 1956</u>		REGISTRAR'S SIGNATURE <u>Coached M. Allison</u> 485				25. FUNERAL DIRECTOR'S SIGNATURE <u>Stamey Funeral Home</u>				ADDRESS <u>St. Joseph, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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..... *Charles E. Bennett*

Licensed Embalmer No. *4672*

P. O. Address *St. Joseph*

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.