

FILED MAR 5 1956

STANDARD CERTIFICATE OF DEATH

State File No. 4471

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO		b. COUNTY Grundy	
b. CITY OR TOWN Trenton		c. CITY OR TOWN Trenton		c. LENGTH OF STAY (in this place) 28 months	
d. FULL NAME OF HOSPITAL OR INSTITUTION Whitfield Nursing Home		e. STREET ADDRESS (If rural, give location) 802 W. 13th Court			
3. NAME OF DECEASED (Type or Print) Richard Allen Wilson			4. DATE OF DEATH (Month) (Day) (Year) 2-23-1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov. 14 1870	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Grundy Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Wilson		13b. MOTHER'S MAIDEN NAME Elizabeth Sires		14. NAME OF HUSBAND OR WIFE Minnie Renfro Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. No No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ernest Wilson (son) Trenton, Mo.			
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) Influenza-Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 203 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 480X				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)	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 2-21, 1956 , to 2-22, 1956 , that I last saw the deceased alive on 2-22, 1956 , and that death occurred at 2 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) G. H. Haulers M.D.		23b. ADDRESS Trenton Mo.		23c. DATE SIGNED 2-24-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-25-56	24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	24d. LOCATION (City, town, or county) (State) Grundy Co., Mo.		
DATE REC'D BY LOCAL REG. 2-24-56	REGISTRAR'S SIGNATURE Gene Fair	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gordon Blackman Trenton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. C. W. H. S.

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 *Harold Roberts*

Licensed Embalmer No. *492*

P. O. Address *Leicester, Mass.*

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.