

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10180

State File No. ....

FILED MAR 20 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5974 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write R.U.P. and give township) <u>Buffalo Rtd. S. Green</u>	c. LENGTH OF STAY (in this place) <u>11 yrs</u>	c. CITY OR TOWN <u>Buffalo Rtd</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>2 1/2 mi. E. of Goodson</u>		STREET ADDRESS (If rural, give location) <u>2 1/2 mi. E. of Goodson</u> <span style="float: right;">0840</span>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elbert</u> b. (Middle) <u>Clay</u> c. (Last) <u>Wilson</u>	4. DATE OF DEATH (Month) <u>March</u> (Day) <u>14</u> (Year) <u>1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 10 1887</u>	9. AGE (in years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson Co. Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Thomas W. Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Pholbie Reble</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Wilson</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ethel Wilson Goodson</u>	ADDRESS <u>Goodson's</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Coronary sclerosis</u>		<u>unknown</u>
	DUE TO (c) <u>Atheroma</u>		<u>unknown</u>
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 <u>4201</u>	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) (Minute)	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 July 6, 1955, to March 13, 1956, that I last saw the deceased alive on March 13, 1956, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <u>[Signature]</u>	Degree or title <u>D.O.</u>	23b. ADDRESS <u>Buffalo, Missouri</u>	23c. DATE SIGNED <u>3/16/56</u>
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24a. BURIAL OR CREMATION REMOVAL (Specify)	24b. DATE <u>Mar 18/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. View Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Polk Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar 17, 1956</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Green &amp; Blue</u>	ADDRESS <u>Salina Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Oliver J. Foster*  
Licensed Embalmer No. *411*

P. O. Address *Bolivar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.