

STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1956

State File No. ....

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5842 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Newton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Dayton</u>		c. LENGTH OF STAY (in this place) <u>15 yrs</u>	c. CITY OR TOWN <u>Racine Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <u>B</u> No <u>930</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi So. of Racine</u>			e. STREET ADDRESS (If rural, give location) <u>2 mi. So. of Racine</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edsel</u> b. (Middle) <u>Lee</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1956</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>mar.</u>	8. DATE OF BIRTH <u>June 27, 1927</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Newton Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Harper Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Stinson</u>		14. NAME OF HUSBAND OR WIFE <u>Marlene Wilson</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes</u> <u>WWI</u>		16. SOCIAL SECURITY NO. <u>499-22-249</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marlene Wilson, Rte 1, Keosauqua</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electrocuted by coming</u>			ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
			DUE TO (b) <u>in contact with live</u>					
			DUE TO (c) <u>Electrical wire</u>					
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.			<u>9140</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>22</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Newton</u> (COUNTY) <u>Mo.</u> (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-3-56 5:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 7-3, 1956, that I last saw the deceased dead alive on 7-3, 1956, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lois Thompson</u>		23b. ADDRESS <u>Newton, Mo.</u>		23c. DATE SIGNED <u>7-6-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-6-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hornet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hornet, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>7-7-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. E. ... Seneca Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

486

RECEIVED

District Health Officer No. Newton  
District File Number 756-110  
Date Filed III 10 1956

MAR 8 1956

AUG 23 1957

NOV 14 1956

AUG 14 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 W.E. Biddlecome.....

Licensed Embalmer No. 217.....

P. O. Address Seneca.....

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.