

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22920

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 818

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph 0117/2	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1026 Doniphan		d. STREET ADDRESS 1026 Doniphan Ave.	
3. NAME OF DECEASED (Type or print) First CHARLES Middle HENRY Last WILSON		4. DATE OF DEATH Month Day Year July 27, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 27, 1869
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Platte City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Joseph Wilson	
14. MOTHER'S MAIDEN NAME Emalie Wagle		15. WAS DECEASED EVER IN U. S. ARMED FORCES? No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Lena Wilson, 1026 Doniphan St. St. Joseph, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Cerebral Hemorrhages DUE TO (b) Chronic Diabetes DUE TO (c) Chronic Cardio Vascular Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Senility and General Debility			INTERVAL BETWEEN ONSET AND DEATH 7 MOS. Unk. Unk.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		20c. TIME OF INJURY Hour. Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 6/3/53 to 7/27/56 and last saw her alive on 7/26/56 Death occurred at 10:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H F Mundy M.D.		22b. ADDRESS 2801 Sacramento St. St. Joseph, Mo.	
22c. DATE SIGNED 7/28/56		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7-31-56		23c. NAME OF CEMETERY OR CREMATORY Platte City Cemetery	
23d. LOCATION (City, town, or county) Platte City, Missouri		23e. (State)	
24. FUNERAL DIRECTOR John E. Sapp		25. DATE RECD. BY LOCAL REG. Aug 3, 1956	
26. REGISTRAR'S SIGNATURE Esther M. Allison		By Amy P. Belmont	

Health, Welfare, Public Service

300
1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, ~~on~~ by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John E. Rupp*
Licensed Embalmer No. *39*

P. O. Address *Hysep*

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: