

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1956

State File No. 32509
8306

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY St. Louis, Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Home Hosp.				d. STREET ADDRESS 1210 5351 Delmar -					
3. NAME OF DECEASED a. (First) EDWARD (Type or Print)			b. (Middle) CHARLES		c. (Last) WILSON		4. DATE OF DEATH (Month) (Day) (Year) 9 7 56		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 8-20-1869		9. AGE (In years last birthday) 87	10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) 29		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Independence, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Charles Edward Wilson			13b. MOTHER'S MAIDEN NAME Sarah Peacock			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) DK			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Louis C. Robertson Super.			ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 2 days		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular disease					20 yrs		
		DUE TO (c) Generalized arteriosclerosis					20 yrs		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 2/14, 1956 , to 9/7, 1956 , that I last saw the deceased alive on 9/7, 1956 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Harold E. Walters M.D. (Degree or title)				23b. ADDRESS 3720 Washington St. Louis, Mo.		23c. DATE SIGNED 9-7-56			
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE 9-7-56	24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Lee Summit, Missouri.				
DATE REC'D BY LOCAL REG. SEP 8 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington,				

WRITE PLAINLY—USING UNFADING 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

Student Embalmer

Signed

J. Wm. Dunkley

Licensed Embalmer No. 3653

P. O. Address St. Louis 8 Mo

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 this body is not embalmed, fact should be so stated above.