

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37599

FILED NOV 20 1956

| | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>111</u> | | PRIMARY REG. DIST. NO. <u>4183</u> | | Registrar's No. <u>321</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pacific</u> | | c. LENGTH OF STAY (In this place) <u>5 yrs.</u> | | c. CITY OR TOWN <u>Pacific</u> | | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>(Home) 313 E. Orleans</u> | | | | e. STREET ADDRESS (If rural, give location) <u>313 E. Orleans St. 360</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Wilson</u> c. (Last) <u>Wilson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13, 1956</u> | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | | 8. DATE OF BIRTH <u>unknown</u> | | |
| 9. AGE (In years last birthday) <u>76</u> | | IF UNDER 1 YEAR Months - Days - | | IF UNDER 12 HRS. Hours - Min. - | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | 11. BIRTHPLACE (City and State or foreign country) <u>New York</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>unknown</u> | | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | | 14. NAME OF HUSBAND OR WIFE _____ | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Jesse Richardson</u> ADDRESS <u>Pacific Mo.</u> | | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES <u>terminated by coronary embolism</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>19 hours</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 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) (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 <u>Nov. 13, 1956</u> to <u>Nov. 13, 1956</u> that I last saw the deceased alive on <u>8 AM 11/13, 1956</u> and that death occurred at <u>8:00 PM</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>C. S. Puffer, D.O.</u> | | | | 23b. ADDRESS <u>Pacific, Missouri</u> | | 23c. DATE SIGNED <u>Nov 14 56</u> | | |
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov. 13, 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Pacific Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Pacific Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>Nov. 15 - 56</u> | | REGISTRAR'S SIGNATURE <u>Mary B. Gross</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. J. Shreves</u> | | ADDRESS <u>Pacific Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

94
0

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 *Joe L. Sheehan*.....

Licensed Embalmer No. *3008*

P. O. Address *Pacific*.....

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.