

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5080

FILED MAR 14 1957

BIRTH NO. REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 3041 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <b>Macon</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Macon</b>		c. LENGTH OF STAY (If this place) <b>1 day</b>	c. CITY OR TOWN <b>Macon</b> <b>0600</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>Samaritan Hospital</b>			e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>HENRY</b> c. (Last) <b>WILDER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 11 1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Mar. 15, 1884</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days <b>0 0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Electrician</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Electrician</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Macon, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>James W. Wilder</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Waddell</b>		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) <b>No.</b>		16. SOCIAL SECURITY NO. <b>498-09-2613</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Henry Kindle Bevier, Mo.</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Terminal pneumonia</b>			DUE TO (c)		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		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) <b>4221</b>		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 <b>Jan 1954</b> , to <b>Feb 11 1957</b> , that I last saw the deceased alive on <b>Feb 11 1957</b> , and that death occurred at <b>6:30 P m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Donald E Eggleston MD</b>			23b. ADDRESS <b>Macon, Missouri</b>		23c. DATE SIGNED <b>14 Feb 57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-15-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Macon Missouri</b>	
DATE REC'D BY LOCAL REG. <b>3-1-57</b>		REGISTRAR'S SIGNATURE <b>Arthur M neely</b>		FURNERIAL DIRECTOR'S SIGNATURE ADDRESS <b>R. Kessler Bram Macon, Mo.</b>	

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

MAR 22 1957

County File No. ...  
Date Filed 3/22/57

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 *R. L. Brown*

Licensed Embalmer No. 447

P. O. Address *Macon*

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.