FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7906

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 201

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Southeast Mo.Hosp — Length of stay in 1b 5 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Alexander
c. CITY OR TOWN Thebes 8128 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Alfred Middle Edward Last Wilson

4. DATE OF DEATH Month Day Year March 31,1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH July 25,1881

9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Prop.

10b. KIND OF BUSINESS OR INDUSTRY Grocery

11. BIRTHPLACE (City and state or country) Delta,Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert B. Wilson

14. MOTHER'S MAIDEN NAME Mary Irene McCrite

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unk

17. INFORMANT Address Mrs.Virgil Lasley-Cape Girardeau,Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1da

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Ht Disease — ?

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetes Mellitus 4200

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 8-2-54, to 3/31/57 and last saw her/him alive on 3/30/57
Death occurred at 7 50 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold D Rodings MD

22b. ADDRESS Cape Girardeau Mo

22c. DATE SIGNED 4/1/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE April 3,1957

23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemt.

23d. LOCATION (City, town, or county) (State) Thebes,Illinois.

24. FUNERAL DIRECTOR ADDRESS Farnsworth Funeral Home-Tamms,Ill.

25. DATE RECD. BY LOCAL REG. 4-4-57

26. REGISTRAR'S SIGNATURE C. C. Summers

(Licensed Embalmer's Statement on Reverse Side)

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...00 ...-56

...Coroner cannot certify to a death due to natural causes. ...diseases in Part I must be casually related. ...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 en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L L Hanman

Licensed Embalmer No. 2863

P. O. Address Cape Irar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.