

No. 300
EV. 10-48

FILED MAY 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12331

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4063 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <i>Caldwell</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Caldwell</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Hamilton</i>	c. LENGTH OF STAY (in this place) <i>9 yrs</i>	c. CITY OR TOWN <i>Hamilton</i>	d. Is 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		e. STREET ADDRESS (If rural, give location) <i>0130</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>JOHN</i>	b. (Middle) <i>WESLEY</i>	c. (Last) <i>WILSON</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>4-28-1957</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>7-13-1904</i>	9. AGE (In years last birthday) <i>52</i>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 15 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <i>Shoe Co. maintenance worker</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Morrisville, Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>James W. Wilson</i>	13b. MOTHER'S MAIDEN NAME <i>Olive McChure</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>486-30-435</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Lloyd Wilson</i>	ADDRESS <i>Hamilton</i>
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>congestive failure</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <i>hypertensive vascular disease</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) <i>Obesity</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *3:00 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. L. Ester D.O.</i>	(Deputy or title)	23b. ADDRESS <i>Hamilton, Mo</i>	23c. DATE SIGNED <i>April 30 1957</i>
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24a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4/30/57</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Rosehill</i>	24d. LOCATION (City, town, or county) (State) <i>Breckinridge, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>Apr 30-57</i>	REGISTRAR'S SIGNATURE <i>Gladys Jones</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Morris A. Brown</i>	ADDRESS <i>Hamilton, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

37: apr 30-57

(Licensed Embalmer's Statement on Reverse Side)

MAY 8 1957

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 *Morris A. Brewster*

Licensed Embalmer No. *3918*

P. O. Address *Hamilton*

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.