

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
19859

FILED JUN 11 1957

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Meranda</u>		c. CITY OR TOWN <u>El Dorado Springs</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>City Hospital 2 da.</u>		d. STREET ADDRESS (If outside, give location) <u>406 S. Main St.</u>	

3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>J.</u> Last <u>Wilson</u>			4. DATE OF DEATH Month <u>6</u> Day <u>2</u> Year <u>57</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 18, 1888</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Merico Springs, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. C.</u>
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13a. FATHER'S NAME <u>C. J. Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Adelin Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie T. Wilson</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>477-07-6476A</u>	17. INFORMANT <u>Nellie T. Wilson - 406 S. Main - El Dorado Springs</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ventricular fibrillation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>myocardial ischemia</u>	
	DUE TO (c) <u>coronary arteriosclerosis. H2O1</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease, condition given in PART I (a) <u>Complete heart block following old coronary occlusion</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u>8:15</u> Month, Day, Year <u>6-2-57</u> a.m. <u>A</u> p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>El Dorado Springs, Mo.</u>	COUNTY <u>Cedar</u>	STATE <u>Mo.</u>
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21. I attended the deceased from <u>Sept 1956</u> to <u>6-2-57</u> and last saw him alive on <u>6-2-57</u> Death occurred at <u>8:15</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <u>Robert L. Magee M.D.</u>	22b. ADDRESS <u>El Dorado Springs, Mo.</u>	22c. DATE SIGNED <u>6-3-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-5-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Clintonville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>El Dorado Springs, Mo.</u>
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24. FUNERAL DIRECTOR <u>Clavin Parthen</u>	ADDRESS <u>El Dorado Springs</u>	25. DATE RECD. BY LOCAL REG. <u>6-5-1957</u>	26. REGISTRAR'S SIGNATURE <u>W. M. E. Fry</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Max W. Dickering*

Licensed Embalmer No. *4696*

P. O. Address *El Dorado*

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.