

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36992**

FILED OCT 21 1957

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 305		Registrar's No. 239		
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Randolph				
b. CITY OR TOWN Moberly		c. LENGTH OF STAY (in this place) 35 yrs.		c. CITY OR TOWN Moberly		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 Community Hospital				e. STREET ADDRESS (If rural, give location) 114 1/2 South Clark Street				
3. NAME OF DECEASED (Type or Print) a. (First) Lulu			b. (Middle) Belle		c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) 10/7/57	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) never married		8. DATE OF BIRTH 8/16/1895		9. AGE (In years last birthday) 62	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) housework		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (City and State or Foreign Country) Santa Fe Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Isaac D. Wilson			13b. MOTHER'S MAIDEN NAME Belle Gorham			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Viola Wilson		ADDRESS Moberly, Mo.		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral embolism DUE TO (c) Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 1 wk Unknown		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? 2 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) 332X				
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?				
22. I hereby certify that I attended the deceased from 10-1-1957 , to 10-7-1957 , that I last saw the deceased alive on 10-6-1957 , and that death occurred at 5:10 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Jerry S. Jolly D.O.				23b. ADDRESS 203 1/2 N. Clark, Moberly Mo		23c. DATE SIGNED 10-9-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/9/57	24c. NAME OF CEMETERY OR CREMATORY Santa Fe Cemetery		24d. LOCATION (City, town, or county) (State) Santa Fe Missouri			
DATE REC'D BY LOCAL REG. 10/9/57		REGISTRAR'S SIGNATURE Charles...		5. FUNERAL DIRECTOR'S SIGNATURE Adrian C. Miller		ADDRESS Moberly, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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 *Richard L. Rogers*

Licensed Embalmer No. *4*

P. O. Address *Albany*

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.