

Health
Affairs
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 10 1958

STATE FILE NUMBER **222**

Registration District No. **38** Primary Registration District No. **3006** Registrar's No. **64**

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JALINE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA		c. CITY OR TOWN SLATER	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ELLIS FISCHER		d. STREET ADDRESS (If outside, give location) 318 W. HAROLD	
3. NAME OF DECEASED (Type or print) First CHARLES Middle WOODROW Last WILSON		4. DATE OF DEATH Month 2 Day 6 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-28-1892
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRINTER		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 65
10a. FATHER'S NAME JOE WILSON		10b. MOTHER'S MAIDEN NAME Myrtle Howard	10c. NAME OF HUSBAND OR WIFE SADIE WILSON
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		11. SOCIAL SECURITY NO. 487-05-8207	11. INFORMANT ADDRESS HOSPITAL RECORDS
12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute generalized peritonitis			INTERVAL BETWEEN ONSET AND DEATH 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Perforation of sigmoid colon			8 days
DUE TO (c) Carcinoma of sigmoid colon			2 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			12. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
13a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		13b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
14. TIME OF INJURY Hour a.m. p.m.		15. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
16. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		17. CITY, TOWN, OR LOCATION Columbia Mo COUNTY STATE	
18. I attended the deceased from 1-30-58 , to 2-6-58 and last saw him alive on 2-6-58 Death occurred at 6:04 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
19a. SIGNATURE (Degree or title) Richard E. Johnson, M.D.		19b. ADDRESS Columbia Mo	
20a. BURIAL, CREMATION, REMOVAL (Specify) Removal		20b. DATE 2-6-58	
21. NAME OF CEMETERY OR CREMATORY		21. LOCATION (City, town, or county) (State) Slater Missouri	
22. FUNERAL DIRECTOR Garber Funeral Home		22. DATE RECD. BY LOCAL REG. Feb. 6 1958	
23. ADDRESS		23. REGISTRAR'S SIGNATURE Mrs R E Palmer	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 1958

MAR 19 1958

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 *John Kelly*
Licensed Embalmer No. *4897*
P. O. Address *Columbus*

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.