. Health,
& Welfare
. Public
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FILED APR 29 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-015447
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 153

1. PLACE OF DEATH
a. COUNTY ST. FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNE TERRE — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in lb 3 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. FRANCOIS
c. CITY OR TOWN BONNE TERRE 094 1/0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 612 GROVE ST. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: ELMER DARRELL WILSON

4. DATE OF DEATH Month Day Year: APRIL 13, 1958

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: MARCH 10, 1919
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR Months 1 Days 3 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRAINMAN
10b. KIND OF BUSINESS OR INDUSTRY: MO-ILL RR
11. BIRTHPLACE (City and state or country): BAIRD, WASHINGTON
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: PERRY M. WILSON
13b. MOTHER'S MAIDEN NAME: ADA GRACE SWANK
14. NAME OF HUSBAND OR WIFE: VIOLET B. PHEGLEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. *******
17. INFORMANT Address: MRS. VIOLET B. WILSON BONNE TERRE 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) apparently Broken Neck
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coroner Jury Verdict: by lacerations about the head and probably broken neck
DUE TO (c) apparently received in auto accident
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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.) automobile overturning and broken neck received
20c. TIME OF INJURY Hour a.m. p.m. Month/Day, Year 4/13/58
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.) Highway #67
20f. CITY, TOWN, OR LOCATION COUNTY 094 STATE St. Francois Co., Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Berl J. Miller Coroner 3
22b. ADDRESS: Farmington Mo
22c. DATE SIGNED: 4/21/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 4-16-1958
23c. NAME OF CEMETERY OR CREMATORY: CALEDONIA CEMETERY
23d. LOCATION (City, town, or county) (State): SPARTA, ILLINOIS

24. FUNERAL DIRECTOR ADDRESS: BOYER'S BONNE TERRE, MO.
25. DATE RECD. BY LOCAL REG.: April 21 1958
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 9 1958

APR 30 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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, Mo.

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.