

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020919

STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 250

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Woodbury	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sioux City 81408 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 120 St. Christopher		Length of stay in lb 6 Months	d. STREET ADDRESS (If outside, give location) 609 George St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HENRY Middle ELIPHLET Last WILSON			4. DATE OF DEATH Month June Day 8 Year 1958
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 13, 1865
9. AGE (In years last birthday) 92		10. FUNDER 1 YEAR Months 2 Days 2	IF UNDER 24 HRS. Hours 2 Min. 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Adjuster		10b. KIND OF BUSINESS OR INDUSTRY Insurance Adjuster	11. BIRTHPLACE (City and state or country) Cedar Rapids, Iowa
13a. FATHER'S NAME Edgar Wilson		13b. MOTHER'S MAIDEN NAME Martha Fitz	12. CITIZEN OF WHAT COUNTRY? U.S.A.
14. NAME OF HUSBAND OR WIFE Julia Adeila Short Wilson		17. INFORMANT Address Mrs. Leslie Hoium, Columbia, Missouri.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of rectum ± metastases. DUE TO (c) 154X			INTERVAL BETWEEN ONSET AND DEATH 2 WKS 6 mos.
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour 9:45 Month, Day, Year 9/26/58 a.m. 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. COUNTY STATE	
21. I attended the deceased from 9/26/58 to 6/8/58 and last saw him alive on 6/8/58 Death occurred at 9:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. P. ... M.D.		22b. ADDRESS 1 West Blvd. No. Columbia Mo.	
22c. DATE SIGNED 6/9/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 9, 1958	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Sioux City, Iowa	
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. June 9 1958	
26. REGISTRAR'S SIGNATURE Mrs R E Palmer			

All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
 Signs added by ...

JUN 5 1966

VS OCT 7 1980

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 Phillips*

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.