

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024693  
STATE FILE NUMBER

22358-58

AUG 4 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 793

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph 01170	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 403 So. 21st St.		d. STREET ADDRESS (If outside, give location) 403 So. 21st St.	
3. NAME OF DECEASED (Type or print) First Middle Last Aaron Lee Wilson		4. DATE OF DEATH Month Day Year July 24, 1958	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 14, 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) St. Joseph, Missouri
13a. FATHER'S NAME Charles L. Wilson Jr.		13b. MOTHER'S MAIDEN NAME Shirley Lou Phelps	14. NAME OF HUSBAND OR WIFE None
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	17. INFORMANT Address City Mrs Shirley L. Wilson, 405 So. 21 St
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUFFOCATION			INTERVAL BETWEEN ONSET AND DEATH UNK.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 131 DUE TO (c) 9240 18			
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 SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SLEEPING ON ABDOMEN & SUFFOCATED	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 7/24/58			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE ST-JOSEPH BUENAWAN MO.	
21. I attended the deceased from _____, to _____ and last saw <sup>him</sup> alive on _____ Death occurred at 9:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Assistant City Health Officer J. H. Alexander, M.D.		22b. ADDRESS 302 Faran St Joseph	
		22c. DATE SIGNED 7/25/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 26, '58	
23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
24. FUNERAL DIRECTOR Wm. H. Alexander		25. DATE RECD. BY LOCAL REG. July 25, 1958	
ADDRESS St. Joseph, Mo.		26. REGISTRAR'S SIGNATURE Mrs Clark Randall	

(Licensed Embalmers Stateprint 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

MEDICAL CERTIFICATION

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AUG 22 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 *Wm. H. Alexander*

Licensed Embalmer No. *4450*

P. O. Address *St. Joseph, 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.