. Health,
& Welfare
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025266
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 837

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Loftin Rest Home — Length of stay in 1b 6 mon

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Benton
c. CITY OR TOWN Warsaw Rt 1 — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 6 mile northwest of Warsaw — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: Isaac Middle: Last: Wilson
4. DATE OF DEATH Month: July Day: 12 Year: 1958
5. SEX male
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH Sept 12, 1866
9. AGE (In years last birthday) 91 — IF UNDER 1 YEAR: Months 10, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Benton County Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Luke Wilson
14. MOTHER'S MAIDEN NAME Martha Orr
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Forest Wilson — Address Lincoln

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) Medullary Paralysis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebro-vascular thrombosis — unknown
DUE TO (c) Arterio sclerosis 332X — years
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 ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from July 12, 1958 to July 12, 1958 and last saw him alive on July 12 1958
Death occurred at 5:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Arturo Gonzalez (Degree or title) DO
22b. ADDRESS 717 E Jefferson Clinton
22c. DATE SIGNED 7-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 15-58
23c. NAME OF CEMETERY OR CREMATORY Riverside Cem.
23d. LOCATION (City, town, or county) Warsaw (State) Mo
24. FUNERAL DIRECTOR Fred Hare & Son — ADDRESS Lincoln
25. DATE RECD. BY LOCAL REG. 7-14-58
26. REGISTRAR'S SIGNATURE Mildred Bigum

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard D. Conn

Licensed Embalmer No. 47

P. O. Address Tipton,

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.