Health, & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-039464

STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 115716 Primary Registration District No. 3020 Registrar's No. 284

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington — Inside Limits Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Francis Hosp — Length of stay in 1b 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN Washington — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 0362 508 W. Second St. — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print) First George Middle Thomas Last Wilson
4. DATE OF DEATH Month Nov. Day 13, Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 22, 1891
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months 0 Days 21 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator
10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory
11. BIRTHPLACE (City and state or country) Washington, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Elijah Wilson
13b. MOTHER'S MAIDEN NAME Sarah Murphy
14. NAME OF HUSBAND OR WIFE Emma (nee Horn)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 488-03-1059
17. INFORMANT Address Woodrow Wilson, Washington, 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) acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary sclerosis — 2 yrs
DUE TO (c) 420 IH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostatic Hypertrophy chronic lymphatic leukemia with urinary retention
19. WAS AUTOPSY PERFORMED? YES XX NO ☐
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 May 25, 1948, to Nov. 13, 1958 and last saw him alive on Nov. 13, 1958
Death occurred at 2:25 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H H Schmidt MD
22b. ADDRESS 2nd + Elm Washington Mo
22c. DATE SIGNED 11-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/16/1958
23c. NAME OF CEMETERY OR CREMATORY St. Peters C & R
23d. LOCATION (City, town, or county) (State) Washington, Missouri

24. FUNERAL DIRECTOR Henry W. Otto — ADDRESS Washington, Mo.
25. DATE RECD. BY LOCAL REG. 11/15/58
26. REGISTRAR'S SIGNATURE F. C. Heidmann

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

No symptoms will be listed.

MAY 27 1960

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 Henry W. Otte

Licensed Embalmer No. 3560

P. O. Address Washington

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.