

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044847

STATE FILE NUMBER

FILED DEC 16 1958

Registration District No. 195 Primary Registration District No. — Registrar's No. 100-58

1. PLACE OF DEATH a. COUNTY McDonald			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Noel		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Noel		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Length of stay in lb 8 years	d. STREET ADDRESS RR 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Calvin Middle Taylor Last Wilson			4. DATE OF DEATH Month 11 Day 28 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-2-1890		9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) oil field employee		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Licking, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Taylor Wilson		13b. MOTHER'S MAIDEN NAME Sally McBride		14. NAME OF HUSBAND OR WIFE Mabel Wilson	
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. 452-05-2173		17. INFORMANT Address Mrs. Mabel Wilson Noel R1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Congestion					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Heart Condition					
DUE TO (c) Recent hip fracture					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9040 21					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Fall in home			
20c. TIME OF INJURY Hour 6:30 AM p.m. Month, Day, Year 10-29-58					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT 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 Noel COUNTY Mc Donald STATE Mo.	
21. I attended the deceased from 11-5-58 to 11-28-58 and last saw him alive on 11-28-58 Death occurred at 12:05 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>E. McMillan</i> (Degree or title) 2			22b. ADDRESS Noel, Mo.		22c. DATE SIGNED 12-2-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 2-1958	23c. NAME OF CEMETERY OR CREMATORY Noel Cemetery		23d. LOCATION (City, town, or county) (State) Noel Mo.
24. FUNERAL DIRECTOR Humphrey and Son		ADDRESS Noel, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 8, 1958	26. REGISTRAR'S SIGNATURE <i>Mary G. Bradley</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

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 *W. M. Humphrey Jr.*

Licensed Embalmer No. *4708*

P. O. Address *Truel 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.