

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001996

STATE FILE NUMBER

FILED FEB 2 1959

Registration District No. 179

Primary Registration District No. 5667

Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Twp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Moscow Mills 0578
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lin. Co. Mem. Hosp		Length of stay in 1b Week	d. STREET ADDRESS (If outside, give location) None
3. NAME OF DECEASED (Type or print) First Middle Last Ella Amelia Wilson			4. DATE OF DEATH Month Day Year Jan. 18, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 28, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 78
11. BIRTHPLACE (City and state or country) Lebanon, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John S. Erwin		13b. MOTHER'S MAIDEN NAME Sarah Boyce	
14. NAME OF HUSBAND OR WIFE Sam Wilson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. None		17. INFORMANT Cleo Reckamp, Troy, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio sclerotic heart disease & cardiac failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Bronchopneumonia</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) 4200	
20c. TIME OF INJURY Hour Month, Day, Year 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 <i>Jan 17, 1959</i> to <i>Jan. 18, 1959</i> and last saw her ^{her} alive on <i>Jan. 18, 1959</i> Death occurred at <i>9:00</i> Pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paul T. Berry M.D.</i> (Degree or title)		22b. ADDRESS <i>Troy, Mo.</i>	
22c. DATE SIGNED <i>1/19/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>1/21/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Highland Prairie Cem.</i>	23d. LOCATION (City, town, or country) (State) <i>Lincoln Co. Missouri</i>
24. FUNERAL DIRECTOR <i>Temper-Marsh Funeral Home, Troy, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>1-26-59</i>	26. REGISTRAR'S SIGNATURE <i>Charlotte Seck</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.