

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002518

STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Moberly</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Moberly</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Woodland Hospital 4 Days</u>				Length of stay in 1b <u>4 Days</u>		d. STREET ADDRESS (If outside, give location) <u>411 S. Clark</u>	
3. NAME OF DECEASED (Type or print) First <u>WILBER</u> Middle <u>WILSON</u> Last <u>WILSON</u>				4. DATE OF DEATH Month <u>Jan</u> Day <u>17</u> Year <u>1959</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec-31-1882</u>	
9. AGE (In years last birthday) <u>76</u>				IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Moberly School</u>		11. BIRTHPLACE (City and state or country) <u>Randolph Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>James Bennie Wilson</u>			
14. MOTHER'S MARDEN NAME <u>Margaret Elizabeth Dixon</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			
16. SOCIAL SECURITY NO. <u>492406736</u>				17. INFORMANT <u>Elber Wilson Moberly Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertension Cardio. Dis.</u> DUE TO (c) <u>?</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Prostatic Uretthritis</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
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.)	
20c. TIME OF INJURY Hour <u>12:05A</u> Month <u>Jan</u> Day <u>17</u> Year <u>1959</u> a. m. <u>05A</u> p. m.							
20d. INJURY OCCURRED WHILE AT WORK <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 <u>Jan. 14, 1959</u> to <u>Jan. 17, 1959</u> and last saw <u>him</u> alive on <u>Jan. 16, 1959</u> Death occurred at <u>12:05A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or title) <u>Will Hemminger Moberly Mo</u>				22b. ADDRESS <u>Moberly Mo</u>		22c. DATE SIGNED <u>1-17-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Jan-18-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Grand Prairie Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cairo Mo.</u>	
24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo</u>				25. DATE RECD. BY LOCAL REG. <u>1-18-59</u>		26. REGISTRAR'S SIGNATURE <u>Sealhouse</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

MEDICAL CERTIFICATION

1959 FEB 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 492

P. O. Address.....

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.