

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003650
STATE FILE NUMBER

318

1003

38

FILED JAN 26 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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-57
16
31

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If outside, give location) 4511 Magnolia Ave.	

3. NAME OF DECEASED (Type or print) First Middle Last NETTIE MAY WILTON			4. DATE OF DEATH Month Day Year Jan. 2 1959			
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 1, 1876	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Keyesport, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John G. Miller	13b. MOTHER'S MAIDEN NAME Mary Ellen McClaren	14. NAME OF HUSBAND OR WIFE Late Joseph C. Wilton
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, never unknown) (If yes, give dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Edna Wilton 4511 Magnolia Ave.
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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>Cerebral thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>18 HRS.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) <i>Arterio Sclerotic Heart Disease</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>420.0</i>		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. 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
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21. I attended the deceased from *1-1-59* to *1-2-59* and last saw ^{her} alive on *1-2-59*
Death occurred at *1:30 P.* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>William W Farley M.D.</i>	22b. ADDRESS <i>3108 S. Grand</i>	22c. DATE SIGNED <i>1-7-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal (Mtr)</i>	23b. DATE <i>1-5-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Carlyle City Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Carlyle, Ill.</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Kriegshauser 4228 S. Kingshighway</i>	25. DATE RECD. BY LOCAL REG. <i>JAN 3 59</i>	26. REGISTRAR'S SIGNATURE <i>J Carl Smith M.D.</i>
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All diseases in Part I must be causally related.

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 *Richard W. Stovring*

Licensed Embalmer No. *4007*

P. O. Address

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.