

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004179
STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY SULLIVAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LILAN	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JACKSON TWP. LUCERNE	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION SULLIVAN MEMORIAL CO.	Length of stay in lb 15 days	d. STREET ADDRESS LUCERNE	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ROBERT Middle LEE Last WILSON	4. DATE OF DEATH Month Jan. Day 22 Year 1959
---	--

5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 24, 1954	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 8 Days 29	IF UNDER 24 HRS. Hours Min.
--------------------	------------------------------	--	--	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pre-school	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
--	-----------------------------------	---	---

13a. FATHER'S NAME DAEE WILSON	13b. MOTHER'S MAIDEN NAME VERA WELLS	14. NAME OF HUSBAND OR WIFE NONE
--	--	--

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. none	17. INFORMANT DALE WILSON Address LUCERNE, 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) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 15 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) rheumatic heart disease	unknown
	DUE TO (c) chronic nephritis	unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4013		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 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 LUCERNE	COUNTY MISSOURI	STATE MO.
---	--	--	--	---------------------------	---------------------

21. I attended the deceased from 1-7-59 to 1-22-59 and last saw him alive on 1-22-59 Death occurred at 10:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE V.F. Robinson (Degree or title) D.O.	22b. ADDRESS Lilan, Mo.	22c. DATE SIGNED 1-22-59
--	-----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Jan-24-59	23c. NAME OF CEMETERY OR CREMATORY Lucerne Cem.	23d. LOCATION (City, town, or county) Lucerne, Mo. (State)
--	-------------------------------	---	--

24. FUNERAL DIRECTOR F.O. Husted & Son-Unionville, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. 1-31-59	26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett
--	--	--

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 *Marl E. Husted*

Licensed Embalmer No. *330X*
P. O. Address *Unionville*

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.