

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004514
STATE FILE NUMBER

FILED MAR 2 1959

Registration District No. 28 Primary Registration District No. 3006 Registrar's No. 93

300
-57

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Columbia 0105 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 500 Turner Ave		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 500 Turner Ave
3. NAME OF DECEASED (Type or print) First Middle Last JESSE ABNER WILSON			4. DATE OF DEATH Month Day Year Feb 21 1959
5. SEX Male 0	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 March 24-1908
9. AGE (In years from birthday) 50	F UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Salesman		10b. KIND OF BUSINESS OR INDUSTRY Shoe Industry	11. BIRTHPLACE (City and state or country) Holliday, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John Albert Wilson		13b. MOTHER'S MAIDEN NAME Esta Bell King	14. NAME OF HUSBAND OR WIFE Elizabeth Booth 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. 491-07-0441	17. INFORMANT Address Mrs Dale Brazeal Lawrence Kansas	
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>Arteriosclerosis heart disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Short</i>
Conditions, if any, which gave rise to above cause (a), starting 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>Fracture femur</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <i>4200</i>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	ITEM 25 CORRECTED BY AFFIDAVIT OF Registrar 3-11-59 <i>del</i>		
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 <i>3 Mar 52</i> to <i>21 Feb 59</i> and last saw him alive on <i>8 Feb 59</i> Death occurred at <i>8 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R P Johnson MD</i> (Degree or title)		22b. ADDRESS <i>Columbia Mo</i>	22c. DATE SIGNED <i>23 Feb 59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>2-24-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Columbia, Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>Parkers Funeral Service Columbia, Mo.</i>		25. DATE RECD. BY LOG <i>Feb 24 1959</i>	26. REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

J. H. Phillips
Licensed Embalmer No. *4897*
P. O. Address *Columbia, 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.