THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008021
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 438

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN: Manchester — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Manchester Nursing Home — Length of stay in 1b: MONTHS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Adams
c. CITY OR TOWN: Richfield 8120 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Charles Middle: F. Last: Wilson

4. DATE OF DEATH: Month Day Year: Feb.9,1959

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐ **8. DATE OF BIRTH**: 3/29/1880 **9. AGE** (In years last birthday): 78 — IF 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): Sand-Cutter -Retired **10b. KIND OF BUSINESS OR INDUSTRY**: **11. BIRTHPLACE** (City and state or country): Perry, Illinois **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: James Wilson **13b. MOTHER'S MAIDEN NAME**: Ellen Robb **14. NAME OF HUSBAND OR WIFE**: Mary Rose Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.**: **17. INFORMANT**: Mrs.Hazel Colgrove, Address: 1721a 36thSt., Hannibal,Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac Dildtation — Don't Know
DUE TO (c) Arteriosclerosis — Don't Know
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility 4221
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **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 Nov. 26, '58, to Feb. 5, 59 and last saw her/him alive on Feb. 5th, 1959
Death occurred at 2:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ralph W. Laffey M.D. **22b. ADDRESS**: Box 122, Manchester, Mo. **22c. DATE SIGNED**: 2-11-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 2/11/1959 **23c. NAME OF CEMETERY OR CREMATORY**: Grandview Burial Park **23d. LOCATION** (City, town, or county) (State): Hannibal, Missouri

24. FUNERAL DIRECTOR **ADDRESS**: H.M. O'Donnell, Hannibal, Mo. **25. DATE RECD. BY LOCAL REG.**: 2-16-59 **26. REGISTRAR'S SIGNATURE**: John C. Murphy, M.D.
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

APR 9 1956

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 H. M. Oldonnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.