Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009973
STATE FILE NUMBER

FILED MAR 23 1959

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Johnson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Warrensburg — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give location) Warrensburg Medical Center — Length of stay in Ib 17 Years	d. STREET ADDRESS (If outside, give location) 311 East Culton — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Thomas	Middle: Hastain	Last: Wilson	4. DATE OF DEATH Month, Day, Year: March 15, 1959	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: April 23, 1905	9. AGE (In years last birthday): 53 — 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): Salesman	10b. KIND OF BUSINESS OR INDUSTRY: Insurance	11. BIRTHPLACE (City and state or country): Osceola, Missouri	12. CITIZEN OF WHAT COUNTRY?: U.S.A.	
13a. FATHER'S NAME: Thomas Burch Wilson	13b. MOTHER'S MAIDEN NAME: Emma Hastain	14. NAME OF HUSBAND OR WIFE: Clara Thornton 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.: 497-26-3639	17. INFORMANT: Mrs. T.W. Wilson, Warrensburg, Mo.	Address: 311 E. Culton St	

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) Lacunar Cerebrovascular — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
Conditions, if any, which gave rise to above cause (a), stating 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): 5811
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 March 3, 59 to March 15, 59 and last saw ~~him~~ alive on March 15, 59
Death occurred at 4:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) M.D.	22b. ADDRESS: 114 E. Market Warrensburg Mo	22c. DATE SIGNED: March 16, 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 17 Mar 59	23c. NAME OF CEMETERY OR CREMATORY: Osceola Cemetery	23d. LOCATION (City, town, or county) (State): Osceola, Missouri
24. FUNERAL DIRECTOR: Sweeney-Phillips, Warrensburg, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG.: MAR. 17, 1959	26. REGISTRAR'S SIGNATURE: Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 John P. Rodgers

Licensed Embalmer No. 4963

P. O. Address Warrensburg, Miss

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.