

THE DIVISION OF HEALTH AND MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

59-012020

STATE FILE NUMBER

FILED MAR 31 1959

Registration District No. 338 Primary Registration District No. 6148 Registrar's No. 12

300
1-57

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter		c. CITY OR TOWN Dexter 16.30 0	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION R. 3 Castor Twp.		d. STREET ADDRESS (If outside, give location) R. 3 Castor Twp.	
3. NAME OF DECEASED (Type or print) First Thomas Middle Lee Last Wilson		4. DATE OF DEATH Month March Day 21 Year 1959	
5. SEX male	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 Sept. 13, 1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Petroleum dealer		10b. KIND OF BUSINESS OR INDUSTRY Petroleum	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thomas L. Wilson		13b. MOTHER'S MAIDEN NAME Irena M. West	14. NAME OF HUSBAND OR WIFE Marie 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. 490-01-9305	17. INFORMANT Marie Wilson Address Dexter, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occulison			INTERVAL BETWEEN ONSET AND DEATH sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			
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 _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 _____, to _____ and last saw ^{her} alive on _____ Death occurred at 9:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Marshall Wilson</i> (Degree or title) Coroner		22b. ADDRESS Dexter, Mo.	22c. DATE SIGNED 3-24-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3-23-59	23c. NAME OF CEMETERY OR CREMATORY Hagy cemetery	23d. LOCATION (City, town, or county) (State) Dexter, Mo.
24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Dexter, Mo.		25. DATE RECD. BY LOCAL REG. 3-26-59	26. REGISTRAR'S SIGNATURE <i>Mrs. George L. Baker</i>

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.

1959 APR 8

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 *Marsh Williams*

Licensed Embalmer No. *4717*

P. O. Address *Dexter 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.