

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012212
STATE FILE NUMBER

FILED MAY 8 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 94

300
1-57

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Centralia <i>0040</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County		Length of stay in lb sev. weeks	d. STREET ADDRESS (If outside, give location) Route 1
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Ralph Middle Thomas Last Wilmot			4. DATE OF DEATH Month May Day 1 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. 14, 1890		9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Schuyler County, Ills.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Henry Wilmot	13b. MOTHER'S MAIDEN NAME Sidera McGraw	14. NAME OF HUSBAND OR WIFE Florence Wilmot
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give branch of service) Yes World War I	16. SOCIAL SECURITY NO. 487-22-0569	17. INFORMANT Address Florence Wilmot, Rte 1, Centralia, Mo
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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 asthma		INTERVAL BETWEEN ONSET AND DEATH years 3 mo
DUE TO (b) Cor Pulmonale		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) acute gastroenteritis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 _____ 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 Centralia	COUNTY Mo.	STATE Mo.
21. I attended the deceased from 1958 to Death 5-1-59 and last saw him alive on 4-30-59 Death occurred at 2 AM m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Leonard Shaw (Registrar or title)	22b. ADDRESS Mexico Mo	22c. DATE SIGNED 5-1-59		

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 3, 1959	23c. NAME OF CEMETERY OR CREMATORY Centralia	23d. LOCATION (City, town, or county) (State) Centralia, Mo.
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24. FUNERAL DIRECTOR Que Pasa Mortuary Centralia Missouri ADDRESS	25. DATE RECD. BY LOCAL REG. May 2-1959	26. REGISTRAR'S SIGNATURE Blanche Neely
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.
LEONARD SHAW M.D.

MAY 12 1959

VS
MAY 17 1959

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 *E. Bone Schaub*

Licensed Embalmer No. *4136*

P. O. Address *Montgomery*

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.