

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012213

STATE FILE NUMBER

FILED APR 24 1959

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 80

300
-57

1. PLACE OF DEATH a. COUNTY Audrain Co.				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 Mexico, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Centralia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Co. Hosp.		Length of stay in lb 6 days		d. STREET ADDRESS (If outside, give location) 403 Jenkins		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Omer Middle Gaines Last Wilson				4. DATE OF DEATH Month April Day 15 Year 1959				
5. SEX male	6. COLOR OR RACE caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 1, 1877		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Month 11 Day 14	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist		10b. KIND OF BUSINESS OR INDUSTRY Drug		11. BIRTHPLACE (City and state or country) Audrain Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Wilson			13b. MOTHER'S MAIDEN NAME Sue Threlkeld			14. NAME OF HUSBAND OR WIFE Blanche Bush Dreps		
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. none		17. INFORMANT 403 Jenkins		Add 403 Jenkins		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Pancreas with metastasis to liver						INTERVAL BETWEEN ONSET AND DEATH 3 months		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Mitral Insufficiency		DUE TO (c) Diabetes Mellitus		6 years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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.) none						
20c. TIME OF INJURY Hour none Month, Day, Year none								
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.) none		20f. CITY, TOWN, OR LOCATION Centralia		COUNTY Boone STATE Missouri		
21. I attended the deceased from 4/10/59 to 4/15/59 and last saw him alive on 4/15/59 Death occurred at 4/15/59 2:05 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Thomas L. Sawyer, M.D. (Degree or title)				22b. ADDRESS Mexico, Mo		22c. DATE SIGNED 4/16/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-18-59	23c. NAME OF CEMETERY OR CREMATORY City of Centralia		23d. LOCATION (City, town, or county) (State) Centralia, Missouri			
24. FUNERAL DIRECTOR Bill J. Meador, Centralia, Missouri				25. DATE RECD. BY LOCAL REG. April 16, 1959		26. REGISTRAR'S SIGNATURE Blanche Neely		

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Additional entries in Part I must be causally related.
THOMAS L. SAWYER, M.D.

APR 24 1959

NOV 3 1961

DEC 29 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 *Bill J. Mason*
Licensed Embalmer No. *4876*
P. O. Address *Centralia, Missouri*

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.