

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020241
STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 371 Primary Registration District No. 4542 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rogersville		c. CITY OR TOWN Rogersville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in lb 112 d	
STREET ADDRESS		(If outside, give location)	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First OYVAL Middle George Last WILSON			4. DATE OF DEATH Month MAY Day 23 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 Nov. 16, 1912		9. AGE (In years last birthday) 46
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Christian Co, Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME George Wilson		13b. MOTHER'S MAIDEN NAME NORA Milley		14. NAME OF HUSBAND OR WIFE EVALENA	
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 EVALENA Wilson, Rogersville, 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) ACUTE POISONING			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) INGESTION OF PARIS GREEN			
DUE TO (c)			
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) INGESTION OF PARIS GREEN	
20c. TIME OF INJURY Hour 7:00 p.m. Month, Day, Year 5-22-59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) AT HOME IN ROGERSVILLE MO	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at about 5:00A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dial Edwards Coroner		22b. ADDRESS Marshfield Mo	22c. DATE SIGNED 5/23/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE May 25, 1959	23c. NAME OF CEMETERY OR CREMATORY Rohler Cemetery	23d. LOCATION (City, town, or county) (State) Rogersville, Webster, Missouri

24. FUNERAL DIRECTOR D.C. Fessell, Rogersville, Mo	25. DATE RECD. BY LOCAL REG. JUNE-3-1959	26. REGISTRAR'S SIGNATURE Opal M. Good.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

242

MAY 1 1962

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 *Don G. Jewell*

Licensed Embalmer No. *4847*

P. O. Address *Manassas, Va*

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.