

PURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 24 1959

59-033077

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 288

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion				
b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal		Length of stay in 7b		c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1810 D. St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Robie Middle T. Last Wilson				4. DATE OF DEATH Month Sept Day 15 Year 59				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr 8 87	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 4 Days 7	IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker Retired			10b. KIND OF BUSINESS OR INDUSTRY ISCO		11. BIRTHPLACE (City and state or country) Shelby Cy. Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John T. Wilson			13b. MOTHER'S MAIDEN NAME Willie Hogland			14. NAME OF HUSBAND OR WIFE Ressie Perkins 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. 490-07-4390		17. INFORMANT Mrs Ressie Wilson Hannibal Mo			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anterior myocardial infarct							INTERVAL BETWEEN ONSET AND DEATH 4 days	
DUE TO (b) Congestive heart failure							2 days	
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)						
20c. TIME OF INJURY Hour a.m. p.m. 	Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Hannibal		COUNTY Marion Mo.		STATE
21. I attended the deceased from 9/12/59 to 9/15/59 and last saw her/him alive on 9/15/59			Death occurred at 5:00PM m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) D. S. Watterschund M.D.				22b. ADDRESS 508 Broadway, Hannibal, Mo.			22c. DATE SIGNED 9/18/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 18 59	23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		23d. LOCATION (City, town, or county) Hannibal Marion Mo		(State)		
24. FUNERAL DIRECTOR Smith's Funeral Home Hannibal Mo			ADDRESS	25. DATE RECD. BY LOCAL REG. 9/19/1959	26. REGISTRAR'S SIGNATURE D. E. M. Lucke By J. C. Fisher			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 S Steel

Licensed Embalmer No. 4540

P. O. Address Wanmbud.

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.