

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

**59-035620**

**FILED VS OCT 29 1959**

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 287

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Cole</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Cole</u>	
OR TOWN		Length of stay in 1b <u>45 years</u>		c. CITY OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Charles E. Still Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>815 E. Elm Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print)				<b>4. DATE OF DEATH</b>			
First <u>LULA</u>		Middle <u>MATTIE</u>		Last <u>WILSON</u>		Month <u>Oct</u> Day <u>18th</u> Year <u>1959</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>4/17/88</u>	<b>9. AGE (last birthday)</b> <u>71</u>	<b>IF UNDER 1 YEAR</b>		<b>IF UNDER 24 HR</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>School Teacher (Ret.)</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Teaching</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Troy, Kansas</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Monroe Butcher</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Orban Wilson</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>492-36-8724</u>		<b>17. INFORMANT</b> <u>Orban Wilson</u> Address <u>Jefferson City, Mo.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u>						<u>5 min.</u>	
DUE TO (b) <u>Circulatory Failure</u>						<u>24 hrs</u>	
DUE TO (c) <u>Acute Hemothorax</u>						<u>7 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Possible carcinoma right lung</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour _____ m. _____ p.m.	Month, Day, Year _____						
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>
<b>21. I attended the deceased from</b> <u>Oct 10, 1959</u> to <u>Oct. 18, 1959</u> and last saw her alive on <u>Oct 18, 1959</u>				<b>Death occurred at</b> <u>1:50 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
<b>22a. SIGNATURE</b> <u>William A. [Signature]</u> (Degree or title) <u>Do.</u>			<b>22b. ADDRESS</b> <u>500 Lafayette Jefferson City, Missouri</u>			<b>22c. DATE SIGNED</b> <u>10/18/59</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>Oct 21st '59</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Longview Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) <u>Jefferson City, Missouri</u>		<b>(State)</b>
<b>24. FUNERAL DIRECTOR</b> <u>Tanner Service, Jefferson City, Mo.</u> ADDRESS			<b>25. DATE RECD. BY LOCAL REG.</b> <u>23 October 1959</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>R.P.Norris Jr., Registrar Dep.</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 7 1961

**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 Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address Emo

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.