

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-040869**

STATE FILE NUMBER

FILED VS. NOV 16 1959 179

Primary Registration District No. 4287

Registrar's No. 100

UNRECORDED

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Troy</b>		Length of stay in 1b <b>3 Mo.</b>	c. CITY OR TOWN <b>Moscow Mills</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Troy Nursing Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>Clark Twp.</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Barrett</b> Middle <b>Leo</b> Last <b>Wilson</b>	4. DATE OF DEATH Month <b>November</b> Day <b>11</b> Year <b>1959</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> <del>Widowed</del>	8. DATE OF BIRTH <b>2/21/82</b>	9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>77</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Farming</b>	11. BIRTHPLACE (City and state or country) <b>Lincoln Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Edward B. Wilson</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Emma Miller</b>	14. NAME OF HUSBAND OR WIFE <b>Katherine Gill</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs Raymond Humphrey, Moscow Mills, Missouri</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<b>Hypostatic pneumonia</b>	<b>36 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>arteriosclerotic heart disease</b>	<b>?</b>
	DUE TO (c) <b>Infermities of age</b>	<b>?</b>
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.)
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20c. TIME OF INJURY Hour <b>—</b> a.m. <b>—</b> p.m. <b>—</b>	Month, Day, Year <b>—</b>
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20d. INJURY OCCURRED WHILE AT WORK <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 <b>Troy, Missouri</b>	COUNTY <b>Lincoln</b>	STATE <b>Missouri</b>
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21. I attended the deceased from **Oct 12 1959** to **11/11/59** and last saw him <sup>xxx</sup> alive on **11/11/59**  
Death occurred at **—** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>H. J. Killey</b> (Degree or title) <b>D.O.</b>	22b. ADDRESS <b>Troy, Missouri</b>	22c. DATE SIGNED <b>11/12/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/13/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Miller Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lincoln Co. Missouri.</b>
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24. FUNERAL DIRECTOR <b>Kemper-Marsh Funeral Home, Troy, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>11-12-59</b>	26. REGISTRAR'S SIGNATURE <b>Charlotte Leek</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 Joseph J. Marsh Jr, Student Embalmer No. 593  
working under my personal supervision.

Student

Joseph J. Marsh Jr.  
Signature of Student Embalmer

Signed

Joseph J. Marsh Jr.  
Licensed Embalmer No. 3932

P. O. Address Troy, 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.