

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002539

TILED VS FEB 5 1960 209

Registration District No. 3043 Registrar's No. 30

STATE FILE NUMBER

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) OR TOWN HANNIBAL		Length of stay in lb 18 Months	c. CITY OR TOWN HANNIBAL
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3301 Market St		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1717 -35th St
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED First **Mellie** Middle **Irene** Last **Wilson.** 4. DATE OF DEATH Month **Jan.** Day **24.** Year **1960**

5. SEX **Female** 6. COLOR OR RACE **White.** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **4-3-1870** 9. AGE (last birthday) **89**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Homemaker.** 10b. KIND OF BUSINESS OR INDUSTRY **Ralls Co Missouri** 11. BIRTHPLACE (City and state or country) **U.S.A.** 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME **Henry C. Wilson** 13b. MOTHER'S MAIDEN NAME **Emily Waters** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT **Lula Wilson** Address **Monroe City, 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) Aortic Atherosclerotic Heart Disease	DUE TO (b) arterio Sclerotic Vascular Disease	INTERVAL BETWEEN ONSET AND DEATH 1 year.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	4 yrs

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **January 23, 1960 to Jan 24, 1960** and last saw her/him alive on **Jan 23, 1960.** Death occurred at **2:30 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Robert J. Lanning - md.** 22b. ADDRESS **Hannibal, Mo.** 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **1-28-60** 23c. NAME OF CEMETERY OR CREMATORY **Grandview Burial Park** 23d. LOCATION (City, town, or county) (State) **Ralls Co Missouri**

24. FUNERAL DIRECTOR **Wilson & Sons Monroe City Mo** ADDRESS **1-27-1960** 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE **Lillian M. Herman**

(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 or by me, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014
P. O. Address Monroe City

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.