

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007822

FILED VS MAR 8 1960

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 93 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Mo</u> b. COUNTY <u>St. Francois</u> (Institution)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Length of stay in 1b <u>1 hour</u>		c. CITY OR TOWN <u>Bonne Terre</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>Bonne Terre Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>133 Middle St</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Herbert</u> Middle <u>Libern</u> Last <u>Wilson</u>				4. DATE OF DEATH Month <u>March</u> Day <u>2</u> Year <u>1960</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5-20-1908</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Shirt Factory</u>		11. BIRTHPLACE (City, and state or country) <u>Floyd, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>		
13a. FATHER'S NAME <u>Cloumbus Wilson</u>			13b. MOTHER'S MAIDEN NAME <u>Olive Wilson</u>			14. NAME OF HUSBAND OR WIFE <u>Helen Wilson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>497-09-8792</u>		17. INFORMANT Address <u>Helen Wilson Bonne Terre, Mo</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Infarction of myoocardium</u>							INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic coronary thrombosis.</u>									
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		COUNTY		STATE	
21. I attended the deceased from <u>Oct. 16, 1959</u> to <u>Mar. 2, 1960</u> and last saw him <sup>xxx</sup> live on <u>Mar. 2, 1960</u> Death occurred at <u>11:18</u> <u>am</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Kirk Miller</u> (Degree or title)				22b. ADDRESS <u>Bonne Terro, Missouri</u>				22c. DATE SIGNED <u>3/5/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>FEB 5 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St Joseph Catholic</u>		23d. LOCATION (City, town, or county) <u>Bonne Terre Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>C. Z. Boyer &amp; Son, Bonne Terre, Mo</u>			ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Mar. 5, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Ether Redloff</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. M... ..

APR 8 1960

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 Burlin T Boyer, Jr. Student Embalmer No. 599

working under my personal supervision.

Student Burlin T. Boyer, Jr.  
Signature of Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, Mo

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.