

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024217

FILED VS JUN 17 1960 306

Primary Registration District No. 6048 Registrar's No. 10

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>St. Charles</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>O Fallon R.R. 1</b>		a. STATE <b>Mo.</b>		b. COUNTY <b>St Charles</b>	
Length of stay in 1b <b>5 yrs</b>		c. CITY OR TOWN <b>O Fallon</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <b>RR. 1</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>RR. 1</b> (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>Roy</b>		Middle <b>E.</b>		Last <b>Wilson</b>		Month <b>June</b> Day <b>11</b> Year <b>1960</b>	
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"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/25/1980</b>	9. AGE (last birthday) <b>60</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>unknown</b>		11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Wilson</b>			13b. MOTHER'S MAIDEN NAME <b>unknown.</b>		14. NAME OF HUSBAND OR WIFE <b>Phoebe E. Wilson</b>		
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. <b>712-07-9502</b>		17. INFORMANT <b>Junita Spencer</b> Address <b>1133 Hall St. St. Charles, Mo.</b>			
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>Self-inflicted gunshot wound</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)							
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"/>	SUIicide <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>self-inflicted gunshot wound</b>			
20c. TIME OF INJURY <b>4:15 P.M.</b>		Month, Day, Year <b>6-11-60</b>					
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.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>R.R.#1 O'Fallon</b>		COUNTY <b>St. Chas.</b> STATE	
21. I attended the deceased from <b>xxxxx held inquest</b> to <b>6/14/60</b> and last saw her alive on <b>6/14/60</b> . Death occurred at <b>4:15 AM, 6-11-60</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Meris Murching Corcoran</b>				22b. ADDRESS <b>Wentzville Mo</b>		22c. DATE SIGNED <b>6-14-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/14/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Linn Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Wentzville, Mo</b>	
24. FUNERAL DIRECTOR <b>T.J. Pitman</b> ADDRESS <b>Wentzville, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>6-16-60</b>		26. REGISTRAR'S SIGNATURE <b>Ed Keethly</b>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Howard O Kessler*

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.