

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025668

FILED VS JUL 18 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 202 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Adair					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b since 1956		c. CITY OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 408 E. Missouri St.,			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 408 E. Missouri St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Carolyn Middle Mae Last Wilson				4. DATE OF DEATH Month July Day 9, Year 1960					
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/13/1903	9. AGE (last birthday) 57	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) Home			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Johnson County, Iowa		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME John Mechler			13b. MOTHER'S MAIDEN NAME Carrie Switzer			14. NAME OF HUSBAND OR WIFE Delbert Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 481 01 9615		17. INFORMANT Address Delbert Wilson, Kirksville, 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) Acute Coronary Occlusion,							INTERVAL BETWEEN ONSET AND DEATH 10 minutes		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary thrombosis									
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None						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			
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 Month, Day, Year									
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		COUNTY		STATE	
21. I attended the deceased from July 9, 1960 to July 9, 1960 last saw her alive on several days before Death occurred at 12:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Spencer L. Freeman M.D. (Degree or title)				22b. ADDRESS Kirksville, Mo.				22c. DATE SIGNED 6/9/60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
Removal & Burial		7/10/60		Memory Gardens Cemetery		Iowa City, Iowa			
24. FUNERAL DIRECTOR Paul M. Piley ADDRESS Kirksville, Mo.				25. DATE RECD. BY LOCAL REG. 9-9-1960		26. REGISTRAR'S SIGNATURE Dore W. Ratliff			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SPENCER L. FREEMAN, M.D.

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Kenneth E Hayes

Licensed Embalmer No. 4890

P. O. Address Kirkville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.