

FILED VS AUG 8 1960

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

~~60-112900~~  
 60-027900  
 STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. \_\_\_\_\_ Registrar's No. 85

V. S. 300  
 Rev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Polk</u> b. CITY OR TOWN <u>Rural-Benton</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died in the Home - 906 yrs</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution; Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Polk</u> c. CITY OR TOWN <u>Rural-Benton</u> d. STREET ADDRESS <u>0840</u>	
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Clifford</u> Middle <u>Scott</u> Last <u>Wilson</u>		<b>4. DATE OF DEATH</b> Month <u>July</u> Day <u>31</u> Year <u>1960</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED</b> <input type="checkbox"/> <b>NEVER MARRIED</b> <input checked="" type="checkbox"/> <b>WIDOWED</b> <input type="checkbox"/> <b>DIVORCED</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>June 12 - 1886</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>ret. machinist</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>ret. machinist</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Kansas</u>
<b>13a. FATHER'S NAME</b> <u>Marian Wilson</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Carric Lee King</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>U.S.A.</u>
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>Mo</u>	<b>17. INFORMANT</b> <u>Clay Wilson</u> Address <u>Bolivar, Mo.</u>
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE CONGESTIVE HEART FAILURE</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>434.1</u>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>48 Hours</u>
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from</b> <u>7:15 A.M. - 31 Jul</u> , to <u>8:00 A.M. - 31 Jul</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>31 Jul 60</u> Death occurred at <u>9:01 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
<b>22a. SIGNATURE</b> (Degree or title) <u>Bend Dixon, M.D.</u>		<b>22b. ADDRESS</b> <u>107 N. MAIN BOLIVAR, MO.</u>	<b>22c. DATE SIGNED</b> <u>1 AUG 60</u>
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>Aug. 3 - 60</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Reed Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Polk Co. Mo.</u>
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Clidney Pitts - Bol. Mo.</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>Aug. 3, 1960</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Ralph Gorden, per Jewell Gorden</u>

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 *Chadney Pitts* .....

Licensed Embalmer No. *H939* .....

P. O. Address *Bal. 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.