

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS AUG 16 1960

-60-031287
 STATE FILE NUMBER

Registration District No. 000 Primary Registration District No. _____ Registrar's No. 136

INDEXED

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN La Plata		Length of stay in 1b 7 Years	c. CITY OR TOWN La Plata Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First VIRGINIA Middle ELLEN Last WILSON			4. DATE OF DEATH July 22, 1960 Month July Day 22 Year 1960		
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5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-1-68	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months 9 Days 22 Hours -- Min. --	IF UNDER 24 HR Hours -- Min. --
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) Hunnewell, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME A.C. Davidson	13b. MOTHER'S MAIDEN NAME Julia See	14. NAME OF HUSBAND OR WIFE John Q. Wilson
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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. none	17. INFORMANT Address Mrs M.E. Belt, La Plata, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio Sclerosis		10 yrs
	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	
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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.)
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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 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
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21. I attended the deceased from **Jan 1, 1955** to **July 22, 1960** and last saw her alive on **July 22, 1960**
 Death occurred at **11 a.m.** on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or Title) Harold S. [Signature]	22b. ADDRESS La Plata, Missouri	22c. DATE SIGNED 7/22/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 25, 1960	23c. NAME OF CEMETERY OR CREMATORY Mt Salem Cemetery	23d. LOCATION (City, town, or county) (State) Macon County, Missouri
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24. FUNERAL DIRECTOR ADDRESS Wilson Funeral Home, La Plata, Mo.	25. DATE RECD. BY LOCAL REG. 8/4/60	26. REGISTRAR'S SIGNATURE Ruth Muechly
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

AUG 17 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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Kenneth M. Wilson

Licensed Embalmer No. 4701
P. O. Address La Plata

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.