

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008133

STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 76

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 17 1961

1. PLACE OF DEATH
 a. COUNTY Cole
 b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City Length of stay in lb 1 day
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Cole
 c. CITY OR TOWN Osage City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Herbert Middle Grover Last Wilson 4. DATE OF DEATH Month March Day 9 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-3-1913 9. AGE (last birthday) 48 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) Deck hand 10b. KIND OF BUSINESS OR INDUSTRY River boat 11. BIRTHPLACE (City and state or country) Osage City, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Benjamin Wilson 13b. MOTHER'S MAIDEN NAME Cora Holden 14. NAME OF HUSBAND OR WIFE never married

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. 17. INFORMANT Address Mrs. Naoma Wekamp, Jefferson City 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) CORONARY THROMBOSIS
 DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR
 DUE TO (c) DIS-
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 1:15 a.m. Month, Day, Year MARCH 9, 1961

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 MARCH 9, 1:15 a.m. to MARCH 9, 2:11 a.m. and last saw him alive on MARCH 9th
 Death occurred at MARCH 9, 2:11 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Deceased or title) Sovereign Miller DO 22b. ADDRESS Jefferson City 22c. DATE SIGNED 3/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-12-1961 23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery 23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri

24. FUNERAL DIRECTOR ADDRESS Thorpe J. Gordon Jefferson City Mo 25. DATE RECD. BY LOCAL REG. 16 March 1961 26. REGISTRAR'S SIGNATURE R.R. Harris, M.D. - Richter, D.P.

MAR 20 1961

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 Bill McLaughlin, Student Embalmer No. 620

working under my personal supervision.

Student Bill McLaughlin
Signature of Student Embalmer

Signed Gideon N. Hauser

Licensed Embalmer No. 4579

P. O. Address Jefferson City

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.