MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-018164
STATE FILE NUMBER

AMENDED

Registration District No. 383 Primary Registration District No. 5647 Registrar's No. 29

FILED MAY 17 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Freistatt — Length of stay in 1b: 14 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Crest-View Nursing Home — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dade
c. CITY OR TOWN Greenfield — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) McPherson St. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Leonard Middle: Last: Wilson
4. DATE OF DEATH Month: May Day: 7 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 10-10-1878
9. AGE (last birthday): 82 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Dade County, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: John Newton Wilson
13b. MOTHER'S MAIDEN NAME: Margaret Fox
14. NAME OF HUSBAND OR WIFE: deceased Eva Maud Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Sp. Am. War
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Muriel Preston; Address: Greenfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: Short
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): C.V.A. — 3 days
DUE TO (c): Arteriosclerosis — Unknown

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 a.m. p.m. Month, Day, Year
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 Jan 1960, to May 7 1961 and last saw him alive on May 7 1961
Death occurred at 4:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Harold E. George (Degree or title) D.O.
22b. ADDRESS: Mt Vernon Mo
22c. DATE SIGNED: 5/9/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 10, 1961
23c. NAME OF CEMETERY ~~OR CREMATORY~~: Greenfield Cem.
23d. LOCATION (City, town, or county) (State): Greenfield, Mo.

24. FUNERAL DIRECTOR: J. C. Canada ADDRESS: Greenfield, Mo.
25. DATE RECD. BY LOCAL REG.: 5-12-61
26. REGISTRAR'S SIGNATURE: A. D. Hosseit

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1961

MAY 17 196

MAY 23 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 _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.