MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021928
STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 227

FILED JUL 5 1961

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Levering Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1113 Sierra
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: MELVA Middle: LULA Last: WILSON
4. DATE OF DEATH: Month June Day 21 Year 1961
5. SEX: Femele
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐: Seperated
8. DATE OF BIRTH: May 20, 1883
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months 1 Days 1
IF UNDER 24 HR: Hours Min.
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): Forrestville New York U S A
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Georre G. Cookingham
13b. MOTHER'S MAIDEN NAME: Miranda Divine
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Gladys Elliott Address: Hannibal Miss

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): Shock — INTERVAL BETWEEN ONSET AND DEATH: 15 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial failure — "
DUE TO (c): Coronary insufficiency — Uncertain
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Immediately post operative nailing L. hip fracture.
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.): Fell at home — fractured L. hip & humerus
20c. TIME OF INJURY: Hour Early a.m. — Month, Day, Year 6-2-61 — Operation on hip delayed because of reluctance of pt.
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.): Home
20f. CITY, TOWN, OR LOCATION: Hannibal, COUNTY: Marion, STATE: Mo.
21. I attended the deceased from 6-4-61 to 6-21-61 and last saw her/him alive on 6-21-61
Death occurred at 3:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Charles A. Wyth MD
22b. ADDRESS: 115 N. 5th.
22c. DATE SIGNED: 6-22-61.
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/23/1961
23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
23d. LOCATION (City, town, or county) (State): Hannibal Missouri
24. FUNERAL DIRECTOR ADDRESS: W. Crawford Smith Hannibal Missouri
25. DATE RECD. BY LOCAL REG.: 6/26/61
26. REGISTRAR'S SIGNATURE: Dr. E.M. Lucke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 H. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.