

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032016

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 997

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT BY AFFIDAVIT OF C.A. Porter, M.D. MEDICAL CERTIFICATION

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 997

**FILED OCT 9 1961**

1. PLACE OF DEATH  
 a. COUNTY Buchanan County  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Joseph Length of stay in 1b 4-hours  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Worth  
 c. CITY OR TOWN Sheridan Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Reside on farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Goldie Thurza Wilson September-27-1961

5. SEX female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH II-25-1902 9. AGE (last birthday) 58  
 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months 10 Days 2 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 housewife 11. BIRTHPLACE (City and state or country) Worth County 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Burton Henry Courtner 13b. MOTHER'S MAIDEN NAME Narda Turnbull 14. NAME OF HUSBAND OR WIFE Truman Wilson

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 Truman Wilson Address Sheridan Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Acute cardiac dilatation INTERVAL BETWEEN ONSET AND DEATH minutes  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Advanced arteriosclerotic and thyrotoxic heart disease with markedly enlarged heart. years  
 DUE TO (c)   
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary fibrosis and emphysema with marked diminution of capillary alveolar exchange 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 Month, Day, Year  
 a.m. p.m.

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 Sept. 27, 1961 to Sept. 27, 1961 and last saw her/him alive on Sept. 27, 1961  
 Death occurred at 10:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Earl G. Potter, M.D. 22b. ADDRESS Physicians & Surgeons Bldg. Joseph, Missouri 22c. DATE SIGNED 10/2/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Buried 23b. DATE Sept. 30-61 23c. NAME OF CEMETERY OR CREMATORY Luteston Cemetery 23d. LOCATION (City, town, or county) (State) 3 miles West of St. Joseph, Mo.

24. FUNERAL DIRECTOR ADDRESS John Andrews Grant City Mo. 25. DATE RECD. BY LOCAL REG. Oct. 6, 1961 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

**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 John Andrews, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Andrews  
Licensed Embalmer No. 4211

P. O. Address Grant City, 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.