

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040140

MENT OF PUBLIC HEALTH AND WELFARE 38

Primary Registration District No. 3606 Registrar's No. 687

STATE FILE NUMBER

AMENDED

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Registration District No. 38 FILED NOV 20 1961

1. PLACE OF DEATH
 a. COUNTY BOONE
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Length of stay in 1b 26 days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U.O.F.M.O. MEDICAL CENTER Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO. b. COUNTY DAVIES
 c. CITY OR TOWN Gallatin Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Route #3 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First JESSE Middle B. Last Wilson 4. DATE OF DEATH Month 11 Day 12 Year 61

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8-8-05 9. AGE (last birthday) 56 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY LOCKSPRINGS, MO 11. BIRTHPLACE (City and state or country) U.S.A. 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Thomas Wilson 13b. MOTHER'S MAIDEN NAME ROSE BROOKS 14. NAME OF HUSBAND OR WIFE Alma Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. UNKNOWN 17. INFORMANT U.O.F.M.O. MEDICAL RECORDS Address Columbia, 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) Ventricular Fibrillation INTERVAL BETWEEN ONSET AND DEATH 70 min
 DUE TO (b) Myocardial infarction 70 min
 DUE TO (c) Rheumatic heart disease unknown
 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 aortic stenosis
 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 Oct 17, 1961 to Nov 12, 1961 and last saw her/him alive on 11-12-61
 Death occurred at 10:02 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE RE Lehman MD (Degree or title) 22b. ADDRESS UMMC Columbia mo 22c. DATE SIGNED 11-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 11-12-1961 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Gallatin Mo

24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo ADDRESS 25. DATE RECD. BY LOCAL REG. Nov 12, 1961 26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer

NOV 28 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 George Kerby

Licensed Embalmer No. 4752

P. O. Address Columbia, Md

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.