MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 62-014086

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 77

FILED APR 17 1962

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mt Pleasant — Length of stay in 1b: 4 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Pine Tree "est Home — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Bates
c. CITY OR TOWN: Butler RFD — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Pine tree rest home — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First / Middle / Last: Elizabeth Octava Wilson
4. DATE OF DEATH: Month / Day / Year: April 4 1962
5. SEX: Female
6. COLOR OR RACE: Wh.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/1/1876
9. AGE (last birthday): 85 — IF UNDER 1 YEAR: Months 7 Days 3 — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homemaker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Sibley Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Thomas Wood
13b. MOTHER'S MAIDEN NAME: Kature Neville
14. NAME OF HUSBAND OR WIFE: John Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Address: Mrs Geraldine DeBow=Butler 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): massive cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): hypertension & arteriosclerosis — 15 yrs.
DUE TO (c):
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 July, 1940, to Apr. 4rd, '62 and last saw her/him alive on Apr. 4rd, '62
Death occurred at 7 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. S. Lattimer, M.D.
22b. ADDRESS: Butler Missouri
22c. DATE SIGNED: 4/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/7/62
23c. NAME OF CEMETERY OR CREMATORY: IOOF, Bethel Kans
23d. LOCATION (City, town, or county) (State): Bethel Kansas

24. FUNERAL DIRECTOR / ADDRESS: Culver Underwood Butler Mo.
25. DATE RECD. BY LOCAL REG.: 4-7-62
26. REGISTRAR'S SIGNATURE: Norma Jean Wilson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0070		
2	0070		
3	1		
4	1		
5	2		
6			
7	0		
8	0		
9	331X		
10			
11			
12	86-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 Robert B. Steinbeck

Licensed Embalmer No. 4651

P. O. Address Butler, 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.