

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030266

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 359

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH AUG 21 1962
 a. COUNTY Cape Girardeau
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau Length of stay in 1b 84 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY Cape Girardeau
 c. CITY OR TOWN Cape Girardeau Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 717 North Sprigg St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last EDNA N. WILSON 4. DATE OF DEATH Month Day Year August 12, 1962
 5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11/29/1877 9. AGE (last birthday) 84 IF UNDER 1 YEAR Months 8 Days 13 IF UNDER 24 HR Hours 13 Min. 13
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Extension Dept., ret. 10b. KIND OF BUSINESS OR INDUSTRY State college 11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo. 12. CITIZEN OF WHAT COUNTRY U. S.
 13a. FATHER'S NAME Charles G. Wilson 13b. MOTHER'S MAIDEN NAME Emma A. Williams 14. NAME OF HUSBAND OR WIFE None
 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 Mr. Charles G. Wilson Address Cape Gir., 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) Arterial Sclerotic Heart disease INTERVAL BETWEEN ONSET AND DEATH 3 years
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple Sclerosis
 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 1937 to Aug 12 - 1962 and last saw her him alive on Aug. 11, 1962
 Death occurred at 2:55 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond G. Ritter, M.D. 22b. ADDRESS Cape Girardeau Mo 22c. DATE SIGNED 8-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Aug. 13, 1962 23c. NAME OF CEMETERY OR CREMATORY Lorimier Cemetery 23d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri

24. FUNERAL DIRECTOR Walther's Funeral Home ADDRESS Cape Gir., Mo. 25. DATE RECD. BY LOCAL REG. Aug. 17-62 26. REGISTRAR'S SIGNATURE Drew Raster

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

AUG 21 1962

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 David C. Lenzel

Licensed Embalmer No. 5075

P. O. Address Box 4100, Annapolis, 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.