

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023455

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1629

FILED JUL 1 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10128

21030

3

4 1

5 2

6

7 1

8 2

9981X

10

11

123-0

13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u>		Length of stay in 1b	c. CITY OR TOWN <u>Bernie</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lucy Lee Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R. F. D. #1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Berdia</u> Middle <u>Lee</u> Last <u>Wilson</u>			4. DATE OF DEATH Month <u>June</u> Day <u>12</u> Year <u>1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-9-1929</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School Cafeteria</u>	11. BIRTHPLACE (City and state or country) <u>Coornia, Tenn.</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13. FATHER'S NAME <u>James Snow</u> 13b. MOTHER'S MAIDEN NAME <u>Alberta Stokes</u> 14. NAME OF HUSBAND OR WIFE <u>Jesse D. Wilson (Dec'd)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT Address <u>Oscar Snow 1802 No. Leeds, Kokomo, Ind.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Internal Hemorrhage</u> DUE TO (b) <u>gun shot wound under left arm</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>shot with a shot gun</u>	
20c. TIME OF INJURY Hour <u>11:30</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year <u>6-11-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm home</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Bernie Bl. Stoddard MO</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>about 2 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Grover Wheeler Coroner</u>		22b. ADDRESS <u>Poplar Bluff Mo</u>	22c. DATE SIGNED <u>6-17-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6-12-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Broadwater Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>R.F.D. Malden, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Duffie-Rainey Bernie, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6/24/1963</u>	26. REGISTRAR'S SIGNATURE <u>Shelba Grubbs</u>

USE BLACK INK

OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

AUG 9 1963

10301

1-5-1-2

0-8

**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 Raymond L. Ruffie

Licensed Embalmer No. 4798

P. O. Address Berne, 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.