

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0005732

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 64 77

Primary Registration District No. 3016

Registrar's No. 88

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Lohman</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARYS hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Lohman</u>	
3. NAME OF DECEASED (Type or print) First <u>Michael</u> Middle <u>Wilson</u> Last <u>Wilson</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>24</u> Year <u>1964</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 12, 1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto dealer &amp; Cafe</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Russellville Mo</u>	
13a. FATHER'S NAME <u>William Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Murray</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>		16. SOCIAL SECURITY NO. <u>490-09-7377</u>	
17. INFORMANT <u>Faye Wilson</u>		17. ADDRESS <u>Lohman Mo</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>General Carcinomatosis</u> adeno-ca of Recto Sigmoid DUE TO (b) <u>1 yr.</u> DUE TO (c) <u>1 yr.</u>		INTERVAL BETWEEN ONSET AND DEATH	
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 type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>1:05A</u> Month, Day, Year <u>Mar 4 - 63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Jeff. City - Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Russellville</u> COUNTY <u>Mo</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>Mar 4 - 63</u> to <u>Feb 24 - 64</u> and last saw him alive on <u>Feb 24 - 1964</u> Death occurred at <u>1:05A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. Cassman mo</u>		22b. ADDRESS <u>Jeff. City - Mo.</u>	
22c. DATE SIGNED <u>2-25-64</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb 26, 1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Russellville Mo</u>
24. FUNERAL DIRECTOR <u>Scrimner - STEVINSON</u>		25. DATE RECD. BY LOCAL REG. <u>27 February 1964</u>	
25. REGISTRAR'S SIGNATURE <u>Martha E. Richter</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

APR 2 1964

MAR 1 1964

**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

*James R. Schmitt*

Licensed Embalmer No. 4880

P. O. Address Versailles, 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.