

STANDARD CERTIFICATE OF DEATH

State File No. **41383**

FILED DEC 10 1952

BIRTH NO.		REG. DIST. NO. 369		PRIMARY REG. DIST. NO. 4538		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY Wayne				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne			
b. CITY (If outside corporate limits, write RURAL and give township) Piedmont		c. LENGTH OF STAY (in this place) 35 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Piedmont		1113	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Walter		b. (Middle) Brewer		c. (Last) Wildman, Sr	
4. DATE OF DEATH		(Month) 9		(Day) 7		(Year) 52	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-2-1869	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 11 Days 5	IF UNDER 4 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joshua Wildman		13b. MOTHER'S MAIDEN NAME Perilla Davis		14. NAME OF HUSBAND OR WIFE Florence Wildman			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Florence Wildman, Piedmont, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) lesion of stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION -				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		151X			
22. I hereby certify that I attended the deceased from Feb 12, 1912 to 9-7- , 19 52 that I last saw the deceased alive on 9-7- , 19 52 and that death occurred at m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. G. Bond		23b. ADDRESS Piedmont, Mo		23c. DATE SIGNED 9-12-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-10-1952		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) Piedmont, Mo	
DATE REC'D BY LOCAL REG. Nov. 28, 1952		REGISTRAR'S SIGNATURE Hazel Ward		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Parker Piedmont, Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 8 1952

WAYNE CO. HEALTH CENTER

FILE NO. 1252-64

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 _____

Coder Funeral Home, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed

William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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 this body is not embalmed, fact should be so stated above.