

FILED APR 18 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 11612

BIRTH NO. 49-006260 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 410

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>			2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buch.</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) --	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		d. STREET ADDRESS (If rural, give location) <b>5204 King Hill, Ave.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5204 King Hill, Ave. /</b>			d. STREET ADDRESS (If rural, give location) <b>5204 King Hill, Ave.</b>				
3. NAME OF DECEASED (Type or Print) <b>Ronnie</b>		a. (First)	b. (Middle) <b>Gene</b>	c. (Last) <b>Wilson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 10, 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>Feb. 6, 1949</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <b>2 4</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Arthur Wilson</b>			13b. MOTHER'S MAIDEN NAME <b>Leona Lirley</b>		14. NAME OF HUSBAND OR WIFE --		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Arthur Wilson-St. Joseph, Mo.</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<b>Acute Lobular Pneumonia</b>					<b>1 day</b>	
ANTECEDENT CAUSES	DUE TO (b) <b>Acute Bronchitis and Coriza</b>					<b>3 weeks</b>	
DUE TO (c)	<b>Baby died suddenly following a rather severe cough and coriza for the past three weeks but he was not considered seriously ill before he was discovered dead.</b>					<b>500X</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I <del>attended</del> <sup>visited</sup> the deceased from <b>on 4/10, 1949</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:00 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H. J. Mundy M.D. (Coroner)</b>			23b. ADDRESS <b>404 So 3d st</b>		23c. DATE SIGNED <b>4/13/49</b>		
24a. BURIAL, CREMATION REMOVAL (Specify)	24b. DATE <b>4-12-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Clear Creek</b>		24d. LOCATION (City, town, or county) (State) <b>Daviess County, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>Apr 15, 1949</b>	REGISTRAR'S SIGNATURE <b>E. G. Jenkins</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stamey Funeral Home</b>		ADDRESS <b>St. Joseph, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

---

---

**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 .....  
Student Embalmer

Signed Charles M. Gorman

Licensed Embalmer No. 4487

P. O. Address St. Joseph

**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.