No. 300
10-48

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

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15257

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 422 Registrar's No. 157

1. PLACE OF DEATH
a. COUNTY: CHRISTIAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NIXA
c. LENGTH OF STAY (in this place): 49 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CHRISTIAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NIXA
d. STREET ADDRESS (If rural, give location): HOME

3. NAME OF DECEASED (Type or Print): a. (First) WESLEY b. (Middle) BATES c. (Last) WASSON

4. DATE OF DEATH: (Month) 5 (Day) 20 (Year) 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY 27, 1862
9. AGE (In years last birthday): 86 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOCTOR
10b. KIND OF BUSINESS OR INDUSTRY: MEDICINE
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: JOHN T. WASSON
13b. MOTHER'S MAIDEN NAME: CAROLINE McCULLAH
14. NAME OF HUSBAND OR WIFE: ELLA KELTNER, WASSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: John Wasson ADDRESS: Reed Springs, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis generalized

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — 4 yrs

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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Aug, 1948, *to* 20 May, 1949, *that I last saw the deceased alive on* 19 May, 1949, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Stanley S. Gibson (Degree or title) MD
23b. ADDRESS: Springfield, Mo
23c. DATE SIGNED: 23 May 49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-24-1949
24c. NAME OF CEMETERY OR CREMATORY: GLENN
24d. LOCATION (City, town, or county) (State): CHRISTIAN CO. MISSOURI

DATE REC'D BY LOCAL REG.: 5-24-49
REGISTRAR'S SIGNATURE: Aline Dreier
25. FUNERAL DIRECTOR'S SIGNATURE: John Dean Harris ADDRESS: Clever, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 649-635
Date Filed 6-3-49

JUN - 2 1949

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.

Signed John Dean Harris

Signed .....
Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Clever, 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.