

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED MAR 3 1951

State File No. **3914**
 Registrar's No. **208**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Davies	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gallatin	
c. LENGTH OF STAY (in this place)		0310	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Jackson c. (Last) Wilder			4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1951		
5. SEX: Male		6. COLOR OR RACE: White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	
8. DATE OF BIRTH: Jan. 19, 1913		9. AGE (In years last birthday) 38 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic	
11. BIRTHPLACE (State or foreign country): Jameson, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME: John F. Wilder	
13b. MOTHER'S MAIDEN NAME: Rosalie Hesel		13c. NAME OF HUSBAND OR WIFE: Imogene Wilder		14. SOCIAL SECURITY NO.: 493-18-1730	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No yes W. W. II		16. INFORMANT'S SIGNATURE OR NAME: Mrs. Imogene Wilder-Gallatin, Missouri		17. ADDRESS: Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Confluent Bronchopneumonia		ANTECEDENT CAUSES			2 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Cerebral Lacerations, Subarachnoid Hemorrhage, Fracture left tibia & fibula and left 5th metatarsal			7 days
DUE TO (c) 5th metatarsal		II. OTHER SIGNIFICANT CONDITIONS			6816!
Conditions contributing to the death but not related to the disease or condition causing death.					76
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Davies Co., Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 8 1951		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile Accident	

22. I hereby certify that I attended the deceased from **Feb 8, 1951**, to **Feb 15, 1951**, that I last saw the deceased alive on **Feb 15, 1951**, and that death occurred at **9:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE: John R. McDaniel, M.D.		23b. ADDRESS: 982 Edmund St. St. Joseph, Mo		23c. DATE SIGNED: 2-16-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE: Feb. 16, 1951		24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery	
24d. LOCATION (City, town, or county) (State): Gallatin, Missouri					

DATE REC'D BY LOCAL REG.: Feb 28, 1951		REGISTRAR'S SIGNATURE: Carl C. Casper		25. FUNERAL DIRECTOR'S SIGNATURE: Stamper Funeral Home	
				ADDRESS: St. Joseph, Missouri	

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

0117

MAR 5 1967

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. Garman

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.