

FILED SEP 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29941

0360  
4

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. <sup>113</sup> ~~119~~ PRIMARY REG. DIST. NO. 5430 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Franklin			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Franklin		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Central		c. LENGTH OF STAY (in this place) 1 yr	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Central 0360		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VanBuren Nursing Home			d. STREET ADDRESS (If rural, give location) Morrellton, Mo.		
3. NAME OF DECEASED (Type or Print) Emmett E Wing			4. DATE OF DEATH	8	29
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Oct. 4, 1878	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Leroy Wing		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Clara Wing	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Wing 920 Poplar Dr, Lemay, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) APOPLIXY  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CERVICAL ARTERIOSCLEROSIS DUE TO (c) DIABETES  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETIC GANGRENA LGG AMPUTATION 6 WISSAGO				INTERVAL BETWEEN ONSET AND DEATH 2 days 5 YRS
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260 X				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 attended the deceased from May, 1951, to Aug, 1951, that I last saw the deceased alive on 8-26, 1951, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Name or title) John J. Paul, M.D.			23b. ADDRESS St. Clair, Mo.		23c. DATE SIGNED 8-30-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)	24b. DATE 8-31-51	24c. NAME OF CEMETERY OR CREMATORY Anaconda Cemetery		24d. LOCATION (City, town, or county) (State) Morrellton, Mo.	
DATE REC'D BY LOCAL REG. 8-31-1951	REGISTRAR'S SIGNATURE E. L. Worthington		25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Leroy		ADDRESS St. Clair, Mo.

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

SEP 6 - 1951

RECEIVED

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

*H. M. Lemot*

Licensed Embalmer No.

*3601*

P. O. Address

*St. Clair, 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.