

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

5474

State File No. _____

FILED FEB 26 1952

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>281074</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE where deceased lived. If institution: residence before death. a. STATE <u>Missouri</u> b. COUNTY <u>JASPER</u>			
b. CITY OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Joplin</u>		d. STREET ADDRESS <u>202 MAIDEN LANE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>202 MAIDEN LANE</u>				d. STREET ADDRESS (If rural, give location) <u>202 MAIDEN LANE</u>			
3. NAME OF DECEASED (Type or Print) <u>ROBERT FISHER WILSON</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>FEB 14 1952</u>		(Month)		(Day)		(Year)	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>MAR. 18, 1858</u>	
9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>No RECORD</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>No RECORD</u>		13b. MOTHER'S MAIDEN NAME <u>No RECORD</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If res. give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>HATTIE CASEY</u> ADDRESS <u>202 MAIDEN LANE</u>			
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) <u>arteriosclerotic heart dis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 <u>unknown</u>	
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) _____		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 <u>2-7-</u> , 1952 to <u>2-14</u> , 1952 that I last saw the deceased alive on <u>2-10</u> , 1952, and that death occurred at <u>5:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. H. Hamilton</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>E. H. HAMILTON, M. D. Frisco Bldg.</u>		23c. DATE SIGNED <u>2-16-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u>		24d. LOCATION (City, town, or county) <u>Joplin Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-16-52</u>		REGISTRAR'S SIGNATURE <u>E. H. Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HURBERT GLOVER</u>		ADDRESS <u>Joplin, Mo.</u>	

0495
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—
 Dr. E. H. Hamilton

RECEIVED 2-25-22
Jasper County Health Office

County File Number 52/2/153

Date Filed 2-25-22

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed *Dale Glover*

Licensed Embalmer No. 4593

P. O. Address *Joplin 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.