No. 300
10.48

FILED JUN 1 - 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

18437

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. [illegible]

495
1

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

**1. PLACE OF DEATH**
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 623 Jackson ave

**2. USUAL RESIDENCE** (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin 0495
d. STREET ADDRESS (If rural, give location): 623 Jackson

**3. NAME OF DECEASED** (Type or Print): a. (First) ALAN b. (Middle) S. c. (Last) Wilson

**4. DATE OF DEATH** (Month) (Day) (Year): S - 1 - 1953

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: July 22, 1876
**9. AGE** (In years last birthday): 76 — 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): Mine Operator
**10b. KIND OF BUSINESS OR INDUSTRY**: Mining
**11. BIRTHPLACE** (State or foreign country): Portland Maine
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: James Wilson
**13b. MOTHER'S MAIDEN NAME**: Zelpha Taylor
**14. NAME OF HUSBAND OR WIFE**: Edyth Wilson

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no or unknown) (If yes, give war or dates of service): No. None
**16. SOCIAL SECURITY NO.**: 495-30-6369A
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Mrs Edyth Wilson 623 Jackson Joplin 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, asthenia, 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) | Renal insufficiency | 1 mo. |
| ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) | Carcinoma prostate | 3 yrs. |
| DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. | Chronic hip deformity (arthritis) | 30 yrs |
| | Severecanemia | 1 mo. |

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 177x
**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* 1/7, 1953, *to* 5/1, 1953, *that I last saw the deceased alive on* 4/30, 1953, *and that death occurred at* 1:45 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): X [signature] M. D.
**23b. ADDRESS**: 623 Jackson, Joplin, Missouri
**23c. DATE SIGNED**: 5/3/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 5-2-1953
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Hope Cem
**24d. LOCATION** (City, town, or county) (State): Webb City Mo.

**DATE REC'D BY LOCAL REG.**: 5-28-53
**REGISTRAR'S SIGNATURE**: Ed S. James 138 by Dolores Lampkins
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Hamhill - Sellon M Pudry Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)

Jasper County Health Office

County File Number .....

Date Filed .....

RECEIVED 5-29-53
Jasper County Health Office

County File Number 53-5-466

Date Filed 5-29-53

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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 David Dillon

Signed .....
Student Embalmer

Licensed Embalmer No. 3898.

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.