

FILED JUL 14 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21912**

BIRTH NO. _____		REG. DIST. NO. <b>156</b>		PRIMARY REG. DIST. NO. <b>200L</b>		Registrar's No. <b>313</b>	
1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		c. LENGTH OF STAY (in this place) <b>30 MIN.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		d. STREET ADDRESS (If rural, give location) <b>2615 ROLLA</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>2615 ROLLA</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>			b. (Middle) <b>BLOUNT</b>			c. (Last) <b>WETHERELL</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 2 1953</b>							
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>JULY 13, 1917</b>	9. AGE (In years - Last birthday) <b>36</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RUCK DRIVER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>EXPLOSIVES</b>		11. BIRTHPLACE (State or foreign country) <b>JOPLIN, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>ALBERT RAY WETHERELL</b>			13b. MOTHER'S MAIDEN NAME <b>EDITH MAY HERVEY</b>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES WW 2</b>		16. SOCIAL SECURITY NO. <b>UNK</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>PAUL WETHERELL 2615 ROLLA JOPLIN</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Laceration trachea, carotid artery + internal jugular vein</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>Less than 1 hour.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>977X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>SUICIDE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home of brother.</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>JOPLIN JASPER MO.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>7 2 53 4:30 AM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>SELF INFLICTED KNIFE WOUND - IN NECK NEAR MID LINE</b>			
22. I hereby certify that I attended the deceased from <b>4:30 PM 7-2-1953</b> to <b>5:30 PM 7-2-1953</b> , that I last saw the deceased alive on <b>7-2-1953</b> , and that death occurred at <b>5:20 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Witness and Coroner Jasper County</b>				23b. ADDRESS <b>Joplin Mo One Block</b>		23c. DATE SIGNED <b>7-6-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-6-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OSBORNE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MO.</b>	
DATE REC'D BY LOCAL REG. <b>7-8-53</b>		REGISTRAR'S SIGNATURE <b>1601 D. [Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY JOPLIN, MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 5 1958

SEP 9 1958

AUG 31 1958

RECEIVED

7-13

Jasper County Health Office

County File Number 589

Date Filed 7-13

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 *F. M. Jones*

Licensed Embalmer No. 2319

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.