

S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29603

State File No.

FILED SEP 1 - 1953

BIRTH NO. REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5964 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If different from above, state residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parkville (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural #3 -</u>	
c. LENGTH OF STAY (If this year) <u>87 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles N.E. Parkville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sidney</u> b. (Middle) <u>Clay</u> c. (Last) <u>Wingo</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 17-1953</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 17, 1866</u>		9. AGE (In years, if under 1 year, last birthday) (Months) (Days) (Hours) (Min.) <u>87</u>			
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Grain</u>			11. BIRTHPLACE (State or foreign country) <u>Parkville Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>John Wingo</u>			13b. MOTHER'S MAIDEN NAME <u>Melisa Jacks</u>			14. NAME OF HUSBAND OR WIFE <u>Cora Moreland Wingo</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cora Wingo Parkville Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>	
		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 <u>generalized arteriosclerotic cardiovascular disease</u>						<u>10 yr</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) <u>177X</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from May, 1953, to Aug 18, 1953, that I last saw the deceased alive on Aug 17, 1953, and that death occurred at 7 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walker L. Washburn M.D.</u>		23b. ADDRESS <u>Gasland, Mo.</u>		23c. DATE SIGNED <u>8/20/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug 20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lion Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Parkville Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 20-53</u>		REGISTRAR'S SIGNATURE <u>Ophelia Rollins</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Deland H. Francis</u>		ADDRESS <u>Parkville Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
0830
Washburn

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, ~~of~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leand H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.