

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38916
State File No.

FILED DEC 8 1953

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>West Plains</u>	c. LENGTH OF STAY (in this place) <u>8 yrs.</u>	c. CITY OR TOWN <u>West Plains</u> <u>0461</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>804 St. Louis Street</u>		d. STREET ADDRESS (If rural, give location) <u>804 St. Louis Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Wild</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 6, 1953</u>
--	--

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>October 18 1872</u>	9. AGE (In years last birthday) <u>81</u> Months <u>1</u> Days <u>18</u>	10. UNDER 1 YEAR Hours <u></u> Min. <u></u>	11. UNDER 1 HR. <u></u>
--------------------	-------------------------------	---	---	--	---	-------------------------

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>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Shawney Town, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>John Balford Wild</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Alice McMurtrey</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Ragan Wild</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>Yes - Spanish-American</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William B. Wild</u> ADDRESS <u>1233 E. Schmidt El Monte, California</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Neurology with Hemiplegia - left</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 Conditions contributing to the death but not related to the disease or condition causing death.			

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>331X</u>
--	--	--

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 29-11-53, 1953, to 6 Dec, 1953, that I last saw the deceased alive on 2 Dec, 1953 and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>West Plains, Mo.</u>	23c. DATE SIGNED <u>DEC 6 - 1953</u>
---	--------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-7-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oaklawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains, Missouri</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>12-7-53</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carter Funeral Service</u> ADDRESS <u>Salem, Mo.</u>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

FEB 11 1954

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.....

Leland Carter

Signed.....

Student Embalmer

Licensed Embalmer No. *4516*

P. O. Address *Thayer, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.