

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34353

State File No.

FILED NOV 12 1954

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 9 yrs.	c. CITY OR TOWN Carthage
d. FULL NAME OF HOSPITAL OR INSTITUTION 1211 Hazel		STREET ADDRESS (If rural, give location) 1211 Hazel	
3. NAME OF DECEASED (Type or Print) a. (First) Nadine b. (Middle) L c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) 11 3 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-4-1915
9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Barry County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Riddle	
13b. MOTHER'S MAIDEN NAME Exia McGlasson		14. NAME OF HUSBAND OR WIFE Lloyd Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mr. Lloyd Wilson, Carthage, Mo.		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tumor of the brain 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 8 yrs		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 (Month) (Day) (Year) (Hour) (Minute) OF INJURY	
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> , 19 <u>53</u> to <u>11-3</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-16</u> , 19 <u>54</u> , and that death occurred at <u>2:30 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. Foster Hutton M.D.		23b. ADDRESS Carthage, Mo.	
23c. DATE SIGNED 11-3-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Nov 6, 1954		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	
24d. LOCATION (City, town, or county) (State) Monett, Missouri		DATE REC'D BY LOCAL REG. 11-4-54	
REGISTRAR'S SIGNATURE W. Clinton		25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 24-11-918
Date Filed NOV 10 1954

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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert H. Kneel*

Licensed Embalmer No. 4459

P. O. Address Carthage, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.