

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32513

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5214 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carter</u>	
b. CITY OR TOWN <u>Rural-Johnson Twp.</u>	c. LENGTH OF STAY (in this place) <u>30 yrs</u>	c. CITY OR TOWN <u>Ellsinore</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence Ellsinore, Mo</u>		e. STREET ADDRESS (If rural, give location) <u>Ellsinore, Mo. 6180</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>WINGO</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Oct 16, 1955</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>Widowed</u>	8. DATE OF BIRTH <u>MAR 7, 1861</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Butler County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Annie Wingo, Deceased</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. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ASA BOXX</u>	ADDRESS <u>Ellsinore, Mo.</u>
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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) <u>Acute Circulatory Failure</u>		<u>12 hrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditic and Senility</u>		<u>2 yrs.</u>
DUE TO (c) <u>4222</u>			
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 type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 June, 1950, to May 16, 1955, that I last saw the deceased alive on May 16, 1955, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank J. Rusinski, D.O.</u>	23b. ADDRESS <u>Van Buren, Mo.</u>	23c. DATE SIGNED <u>10-20-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct 19, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHapel Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wayne County, MO</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 20-55</u>	REGISTRAR'S SIGNATURE <u>Mrs Oeta Hanson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Colman W. Jorden</u>	ADDRESS <u>Van Buren, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
*Allen C. McQueen*

Licensed Embalmer No. 454

P. O. Address *San Queen*

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.