

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10256

BIRTH NO. _____		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 6022		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural - Richmond</u>)		c. LENGTH OF STAY (in this place) <u>7 1/2</u> minutes		c. CITY OR TOWN <u>Orrick</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hiway 210</u>				e. STREET ADDRESS (If rural, give location) <u>Front Street</u> 0890			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMITT</u>		b. (Middle) <u>FRANKLIN</u>		c. (Last) <u>WILSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 14, 1956</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>Aug. 30, 1894</u>	
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u>		IF UNDER 24 HRS. Hours <u>14</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joe Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Ollie Covey</u>		14. NAME OF HUSBAND OR WIFE <u>Lois Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>500-07-2975</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Emmitt Wilson, Orrick, Mo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck -- Fractured Skull</u> ANTECEDENT CAUSES DUE TO (b) <u>Crushed Chest</u> DUE TO (c) <u>Accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of left arm and leg</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		8124 25		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>2 Mile SW Richmond</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Ray Mo.</u>		21d. (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 14, 1956 11:16</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by car while walking on Highway</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>D. E. Baber, Coroner</u>				23b. ADDRESS <u>Richmond, Missouri</u>		23c. DATE SIGNED <u>3/15, 1956</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-17-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar 17 - 1956</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas J. Carter Richmond, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 27 1956

APR 6 1956

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..... *Thomas J. Carter*

Licensed Embalmer No..... 49

P. O. Address..... *Richm*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.