

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32380

STATE FILE NUMBER

FILED OCT 15 1957

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

468

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, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital		d. STREET ADDRESS (If outside, give location) 1609 W. 1st Street	
3. NAME OF DECEASED (Type or print) First MIDDLE Last EFFIE MARIE WILSON		4. DATE OF DEATH Month Day Year September 26, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 11, 1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (In years last birthday) 47
11. BIRTHPLACE (City and state or country) Joplin, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Horatio Alger Holden		13b. MOTHER'S MAIDEN NAME Effie Spry	14. NAME OF HUSBAND OR WIFE Archie Wilson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Joe Holden, 205 McCoy Ave., Joplin, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Acute myocarditis			INTERVAL BETWEEN ONSET AND DEATH Over 10 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchogenic carcinoma of the left main bronchus.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) 162x	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) her	
21. I attended the deceased from Death occurred at 9-21-57 to 9-26-57 and last saw her live on 9-26-57 11:30 PM		20f. CITY, TOWN, OR LOCATION COUNTY STATE Joplin, Missouri	
22a. SIGNATURE (Name or title) Dorothy L. Taylor		22b. ADDRESS 410 Jackson, Joplin, Mo.	
22c. DATE SIGNED 10-3-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 28, 1957	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	23d. LOCATION (City, town, or county) (State) Joplin, Missouri
24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo.		25. DATE RECD. BY LOCAL REG. 10-9-1957	26. REGISTRAR'S SIGNATURE Dove Merriam

RECEIVED OCT 14 1957  
Jasper County Health Office  
County File Number 879  
Date Filed OCT 14 1957

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 Robert C. Roller, Student Embalmer No. 567

working under my personal supervision.

Student

Robert C. Roller

Signature of Student Embalmer

Signed

W. H. Hudson

Licensed Embalmer No. 470

P. O. Address Perkins MA

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.