

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32382

STATE FILE NUMBER

FILED OCT 8 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 460

300
1-57

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 OR TOWN JOPLIN <small>(If outside corporate limits, give TOWNSHIP only)</small>		c. CITY OR TOWN JOPLIN <small>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></small>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1828 N. ST. CHARLES		d. STREET ADDRESS (If outside, give location) 1828 N. ST. CHARLES	
Length of stay in lb 35 YR.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ROBERT Middle WILSON Last WILSON			4. DATE OF DEATH SEPT 30 1957 Month SEPT Day 30 Year 1957		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC 11, 1890	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 6 Days 6	IF UNDER 24 HRS. Hours 6 Min. 6
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY LEAD PRODUCTION	11. BIRTHPLACE (City and state or country) KINGFISHER, OKLA	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME J. D. WILSON	13b. MOTHER'S MAIDEN NAME MINERVA SPARKS	14. NAME OF HUSBAND OR WIFE ELSIE WILSON
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no, or unknown) (If yes, give war or dates of service) YES W.W.I.	16. SOCIAL SECURITY NO. 491-01-155	17. INFORMANT ELSIE WILSON Address JOPLIN, MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (a) _____ DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH Sept 30 3-PM-11
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		19. WAS AUTOPSY PERFORMED? 0 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____
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20c. TIME OF INJURY _____ Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____
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21. I attended the deceased from Sept 30 to _____ and last saw her alive on _____ Death occurred at 11:30 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Deceased or informant)	22b. ADDRESS 614A Joplin St	22c. DATE SIGNED Oct 2 1957
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT 3, 1957	23c. NAME OF CEMETERY OR CREMATORY FOREST PARK	23d. LOCATION (City, town, or county) (State) JOPLIN MO
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24. FUNERAL DIRECTOR Harriet Glover ADDRESS _____	25. DATE RECD. BY LOCAL REG. 10-4-57	26. REGISTRAR'S SIGNATURE Dorice Merriam
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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REC'D
OCT 1 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Dale Geo

Licensed Embalmer No. 4593
P. O. Address Joplin

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.