Health, Welfare Public Service

300 -56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005298
STATE FILE NUMBER

Registration District No. 139 Primary Registration District No. 4221 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: HOLT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MOUND City — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Length of stay in 1b: 2½ YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: HOLT
c. CITY OR TOWN: MOUND City — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First KENNETH Middle BOHART Last WILSON
4. DATE OF DEATH: Month FEB. Day 19 Year 1958
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: MAR. 19, 1911
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hog Buyer
10b. KIND OF BUSINESS OR INDUSTRY: Hogyards
11. BIRTHPLACE (City and state or country): Mound City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: MARION Wilson
14. MOTHER'S MAIDEN NAME: ORA MAY BOHART
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 324-14-8559
17. INFORMANT: MRS. ESTHER Wilson — Address: MOUND City Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): UPPER HALF OF HEAD BLOWN OFF FROM SHOTGUN BLAST. — INTERVAL BETWEEN ONSET AND DEATH: INSTANT
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): 976X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) SHOTGUN PLACED ON TEMPLES & DISCHARGED (12 gal)
20c. TIME OF INJURY: Hour a.m. p.m. 12:30 — Month, Day, Year 2-19-58
20d. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): OFFICE Bldg.
20f. CITY, TOWN, OR LOCATION: MOUND CITY, COUNTY: HOLT STATE: MO

21. I attended the deceased from NO, to ____ and last saw her/him alive on NO
Death occurred at 12:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D. H. E. Collins D.O., CORONER 3
22b. ADDRESS: OREGON MO
22c. DATE SIGNED: 2/20/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2/21/58
23c. NAME OF CEMETERY OR CREMATORY: MOUNT Hope
23d. LOCATION (City, town, or county) (State): MOUND City Mo.

24. FUNERAL DIRECTOR: JAMES H. Crawford — ADDRESS: MOUND City Mo
25. DATE RECD. BY LOCAL REG.: 2/21/1958
26. REGISTRAR'S SIGNATURE: James H. Crawford

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James H Crawford

Licensed Embalmer No. 47

P. O. Address Mound C

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.