

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022287
STATE FILE NUMBER

FILED JUL 8 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 312

S. 300
1-57
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|--|------------------------------|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY JASPER | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEWTON | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY RURAL OR TOWN | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP. | | Length of stay in lb 3 YRS | | STREET ADDRESS 0730 RT. 2, BOX 233, | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First MAYNARD Middle PERRY Last WILSON | | | | 4. DATE OF DEATH Month JUNE Day 27 Year 1958 | | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH SEPT. 30, 1903 | | 9. AGE (In years last birthday) 54 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN | | 10b. KIND OF BUSINESS OR INDUSTRY SPORTING GOODS | | 11. BIRTHPLACE (City and state or country) WAUKOMIS, OKLA. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME W. R. WILSON | | | 13b. MOTHER'S MAIDEN NAME MARTHA E. FAKES | | | 14. NAME OF HUSBAND OR WIFE ----- | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. UNK | | 17. INFORMANT DAU- MRS. MARY G. SCOTT, RINGWOOD, OKLA. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage, post operative | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 hours - | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Resection of Abdominal Aorta for | | | | | | 6 hours | |
| DUE TO (c) Perich's Disease. | | | | | | 6 months | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Right Nephro Nitis | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) | | | | |
| 20c. TIME OF INJURY Hour _____ 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 | |
| 21. I attended the deceased from 6/23/58 to 6/27/58 and last saw him alive on 6/27/58 Death occurred at 9:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE Barth W. Woodruff M.D. | | | | 22b. ADDRESS Joplin Mo | | 22c. DATE SIGNED 6/28/58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE 6-28-58 | | 23c. NAME OF CEMETERY OR CREMATORY WAUKOMIS CEMETERY, | | 23d. LOCATION (City, town, or county) (State) WAUKOMIS, OKLAHOMA | |
| 24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO. | | | 25. DATE RECD. BY LOCAL REG. 7-1-1958 | | 26. REGISTRAR'S SIGNATURE Dove Merriam | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Casper County Health Office
County File Number 58-7-600
Date Filed JUL 7 1958

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin Mo*

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.