

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032242

STATE FILE NUMBER

723 P2-57
FILED OCT -10 1958

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 151

| | | | | | |
|--|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Clay</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Rector</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial</u> | | Length of stay in 1b <u>2 days</u> | d. STREET ADDRESS (If outside, give location) <u>Rt # 3</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Robin</u> Middle <u>Lee</u> Last <u>Wilson</u> | | | 4. DATE OF DEATH Month <u>9</u> Day <u>19</u> Year <u>1958</u> | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-17-58</u> | 9. AGE (In years last birthday) <u>2</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>8</u> Hours <u>8</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-0-</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-0-</u> | 11. BIRTHPLACE (City and state or country) <u>Kennett, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
| 13. FATHER'S NAME <u>Randal Lee Wilson</u> | | | 14. MOTHER'S MAIDEN NAME <u>Melva Jo English</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT <u>Randal L. Wilson</u> Address <u>Rector, Ark. R. 3</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity 1st 6 mo</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>776X</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |
| 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 _____ 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 | |
| 21. I attended the deceased from <u>9-17-58</u> to <u>9-19-58</u> and last saw her alive on <u>9-19-58</u> Death occurred at <u>9:45 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Chester R. Peck M.D.</u> | | | 22b. ADDRESS <u>Kennett, Mo</u> | | 22c. DATE SIGNED <u>9-30-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>9-20-1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Woodland Heights Cem</u> | | 23d. LOCATION (City, town, or county) (State) <u>Rector Ark</u> | |
| 24. FUNERAL DIRECTOR <u>Mitchell Funeral Home, Rector, Ark</u> | | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>Oct-1-1958</u> | | 26. REGISTRAR'S SIGNATURE <u>Earl H. ...</u> |

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

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

MEDICAL CERTIFICATION

DEPARTMENT 10-6-88
COUNTY FILE NUMBER 1058-243

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 *Richard M. Mitchell*.....

Licensed Embalmer No. *703*.....

P. O. Address *Paragou*.....

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